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COUNTY BOROUGH OF BARROW-IN-FURNESS.
HEALTH DEPARTMENT.

ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH.
1958.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH
COMMITTEE

Ladies and Gentlemen,

The format of the report is the same as last year. Only major topics are referred to in this preface; comment is made throughout the report where there is local interest.

I report the occurrence of diphtheria in the town after many years without any cases. The affected persons were children of junior school age, none were immunised. Surely the value of immunisation against diphtheria is accepted, but unless we keep the percentage of children immunised at a high level, cases are likely to occur.

A typhoid case was notified in a man who constantly frequented Walney Channel and had a great love for eating raw shellfish. I have mentioned before the need for care in those people who bathe, boat or go into Walney Channel. There are notices near the Channel about the dangers of gathering Shellfish. Whether they are read or not is unknown, but they are destroyed, for they constantly need to be renewed.

It will be seen from the tables in the report that there is an increase in the notification of dysentery and food poisoning, the latter a reflection on how food handlers and householders hygienically care for food.

In October, poliomyelitis vaccination was extended to the 15-25 age group, but by the end of the year the response had been poor despite holding special evening sessions to suit the age group.

Nationally much writing and discussion took place on environmental hazards in the community. The Clean Air Act came fully into force in June, and the Authority agreed to the appointment of a special smoke inspector.

The Litter Act also became law during the year, but there was no appreciable decrease in the amount of litter seen in the town.

I have pointed out the dangers of Walney Channel where the sewerage of the town is dumped and unless the townspeople take more interest in these environmental hazards, they will not achieve as good health as they might.

More proof comes each day that we can improve the conditions in which we live if we are interested and care to do so and in the future this town will have to consider processing its sewerage along with all riparian Authorities. This will be expensive, but by-products would offset some of the cost and perhaps improve our crops and probably make them less prone to disease.

There has also been much interest in the country on whether it is better for mothers to remain at home for childbirth or go to hospital. This discussion was crystallising towards the end of the year when the Cranbrook Report on Maternity Services was awaited. Elsewhere in the report will be noted an exceedingly high incidence of breast infections in patients discharged from the local maternity hospital compared with patients delivered in their own homes.

This possibility of infection in patients going to hospital is well-known to doctors, but may not always be appreciated by those who elect to go to hospital rather than stay at home. It must be added that this observation is no reflection on the local maternity unit, for this trouble of hospital infection is common throughout the country.

Health Visitors are still in short supply and the Authority revived their Health Visitor Trainee Scheme in the hope that the position would improve. By December two nurses had been appointed as students. The domicillary midwives are short of establishment and were only slightly helped by being granted improved car allowances during the year.

I have the honour to be,

Ladies and Gentlemen,

Health Department,

Your obedient servant,

Town Hall,

I. D. M. NELSON,

Barrow-in-Furness.

Medical Officer of Health.

Telephone No. Barrow 600, Extension 63.

MEMBERS OF HEALTH COMMITTEE.

Mayor	....	....	....	....	....	Councillor Marshall Bolt, J.P.
Deputy Mayor	....	....	....	....	....	Councillor Mrs. M. T. Freel, J.P.

HEALTH COMMITTEE

Chairman	....	....	....	....	....	Alderman G. D. Hastwell, O.B.E., J.P.
Vice-Chairman	....	....	....	....	....	Councillor G. R. Atkinson.
						Alderman F. J. Longstaffe, J.P.
						Alderman H. Turner.
						Alderman T. A. Tyson, J.P.
						Councillor H. Bannister.
						Councillor J. M. Fagan.
						Councillor Mrs. S. M. Finlay.
						Councillor W. M. Gabbatt.
						Councillor R. Proudfoot.
						Councillor J. M. Senogles.
						Councillor I. W. Swallow.
						Councillor E. Trescatheric.
						Councillor C. W. Ward.
						Councillor S. B. Welbon.
						Councillor E. Woodburn.

STAFF.

MEDICAL AND DENTAL.

Medical Officer of Health, Principal School Medical Officer and Port Medical Officer	....	....	I. D. M. Nelson, M.B., B.Ch., B.A.O., D.P.H.
Deputy Medical Officer of Health and Deputy Port Medical Officer			Miss D. G. Stewart, M.B., Ch.B.
Assistant Medical Officers	....	....	Miss M. W. Smith, M.D. R. Wharton, M.B., Ch.B.
Principal School Dental Officer	....		D. D. Watts, M.Sc., L.D.S.
Dental Officer	....	....	Miss W. G. Sivewright, L.D.S.
Consultant Orthopaedic Surgeon....			Miss J. T. W. Bucknell, M.B., Ch.B.
Consultant Chest Physician....	....		J. R. Edge, M.D., M.R.C.P.
Consultant Ophthalmic Surgeon			H. C. Kodilinye, M.B., Ch.B., D.O., D.O.M.S.
Consultant Venereologist	....	....	J. F. Mackay, M.B., Ch.B.
Consultant Obstetric Surgeon	....		G. R. Stoneham, M.B., Ch.B. F.R.C.O.G.
Public Analyst	....	....	J. F. Clark, M.Sc., F.R.I.C.
Additional Public Analysts	....	....	Miss M. Roberts, B.Sc., F.R.I.C. N. Heron, F.R.I.C.
Chief Public Health Inspector and Port Health Officer	....	....	J. Shanks, a.b.c.

Assistant Chief Public Health Inspector and Port Health Officer	H. C. Perkins, a.b. (resigned 30.4.58). R. J. Morse, a.b.c.d. (commenced 7.7.58)
Abattoir and Auction Mart Superintendent	A. A. Kay, a.b.c.d.
Public Health Inspector for Meat and Food Inspection	W. McLennan, b.e.
District Public Health Inspectors	J. McGarry, a. A. M. S. McEwan, e.f. N. Morris, a. (resigned 18.4.58). T. B. Nuttall, a.
Trainee Public Health Inspectors	G. Woodall D. Sayles J. W. Quayle (commenced 22.9.58).
Superintendent Nursing Officer	Miss H. M. White, g.h.j.k.l.
Health Visitors/School Nurses	Miss A. W. Cant, g.h.j. Miss D. Latham, g.h.j.k. Miss S. B. White, g.h.i.j.m. Miss G. Buchanan, h.j. Miss S. Scott, g.h.j. Miss A. Quinn, h.j.
Health Visitors	Miss M. K. Burns, g.h.j. Miss M. Scott, g.h.j.
School Nurses	Miss N. McFarlane, g.h.i.j. Mrs. M. L. Jackson, h. (temporary). Mrs. G. H. Pashley, h. (part-time).
Tuberculosis Health Visitor/School Nurse	Miss B. M. Wignall, h.j.
Municipal Midwives	Miss A. Bagshaw, g. Miss G. M. Fytche, g. Miss T. Potts, g.h. Mrs. M. Railton, g. Miss P. A. Wiper, g.h. (resigned 30.4.58) Miss T. G. Pollard, g.h. Miss G. M. Moore, g.h. (commenced 15.9.58, part-time).

HOME NURSING SERVICE.

Superintendent	....	Miss D. A. Stocks, g.h.k.
Assistant Superintendent	....	Miss E. M. Jackson, g.h.k.
District Nursing Sisters	....	Miss D. Moscrop, g.h.i.k. Miss J. Lindop, h. Mrs. E. Preston, h. Miss A. T. Goulding, h. Mrs. M. L. Liddell, h. Miss E. Smith, h. Mrs. C. T. Watling, g.h. Miss H. J. Chisholm, g.h.k. (now Mrs. H. J. Carling). Miss T. Goodings, g.h. (commenced 3.1.58).
Physiotherapist	....	Miss M. Johnson, n.
Speech Therapist	....	Miss M. Hall, o.
Ambulance Officer	....	J. H. Smethurst
Duly Authorised Officer	....	H. Hughes.
Assistant Duly Authorised Officer		R. Rimmer.
Chief Clerk	....	K. P. Lees.
Senior Clerk	....	A. Young, p.

CODING.

- a. Cert. R.S.I. and Joint Board.
- b. Cert. R.S.I. (Meat and Food Inspection).
- c. Cert. R.S.I. (Smoke Inspection).
- d. Cert. R.S.I. (Sanitary Science).
- e. Cert. R.S.A. (Scotland).
- f. Cert. R.S.A. (Scotland) (Meat and Food Inspection).
- g. State Certified Midwife.
- h. State Registered Nurse.
- i. State Registered Fever Nurse.
- j. Health Visitor's Certificate.
- k. Queen's Nurse.
- l. Housekeeping Certificate.
- m. Royal Medico-Psychological Association Certificate.
- n. Member of the Chartered Society of Physiotherapists.
- o. Licentiate of the College of Speech Therapists
- p. Diploma in Municipal Administration.

SECTION 1

THE FIRST TEN YEARS OF THE NATIONAL HEALTH SERVICE

The Ministry of Health in Circular 22/58 asked for a brief general review of the manner in which Local Health Services have functioned since the start of the National Health Service.

RELATIONS WITH HOSPITALS

The Medical Officer of Health attends regularly the Liaison Committee, where Local Health Authority Medical Officers of Health meet the medical staff of the Manchester Regional Hospital Board and Principal Regional Medical Officers of the Ministry of Health. This is a most useful committee and gives me a good opportunity to put my views personally to the medical staff of the Ministry and the Regional Hospital Board.

The Medical Officer of Health is a member of the Barrow and Furness Hospital Management Committee and several of its Sub-Committees. The Chairman of this Committee is also Chairman of the Health Committee for the County Borough of Barrow-in-Furness, and the co-operation which he has fostered since the start of the National Health Service has gone a long way in establishing smooth administrative arrangements between local hospitals and the Local Health Authority.

RELATIONS WITH GENERAL PRACTITIONERS

Here the co-operation on administration is poor, but developing. The Medical Officer of Health is a member of the Executive Council, but it is only this year that I have at last persuaded the Local Medical Committee on the importance of sending representatives to the Health Committee. Provision has always been made for their co-option but attendance has been poor or nil for long periods.

The Local Medical Committee seldom meets and business has been carried out on the "old boy" basis, but at the time of writing the local General Practitioners have realised the necessity and usefulness of this Committee and have agreed to meet regularly.

Up to the present there has been little understanding by the General Practitioners of how a Local Authority functions; this new interest will do nothing but good. I can explain how every department works in discussion with a group of General Practitioners rather than in single encounters with interested individuals in some unrealistic, artificial social setting when we are both "off duty."

RELATIONS WITH CONSULTANTS

The relations with all Consultants whose work brings them into close contact with Local Authority Services is good. The Pædiatrician, Obstetrician and Psychiatrists are always helpful and find time to explain new ideas to nursing staff and social workers. Their personal interest makes my task easier and nurses and staff give better service when they feel they are accepted and have a part to play.

At the close of the year the Pædiatrician was working to establish a cerebral palsy clinic for the area at the local hospital, which is to be staffed by the Physiotherapist and Speech Therapist from this Authority.

SECTION 2

EXTRACTS FROM VITAL STATISTICS, 1958.

Area	.....	11,003	acres.	
Population (Mid 1958)	.....	64,450		
Rateable Value	.....	£706,001		
Sum represented by 1d. Rate	.....	£2,705		
No. of dwellinghouses	.....	20,349		
				England and Wales
		1957	1958	1958
Deaths	.....		774	
Death Rate per 1,000 population	.....	13.22	11.96	11.7
Live Births	.....		981	
Live Birth Rate per 1,000 population	.....	15.03	15.16	16.4
Stillbirths	.....		19	
Stillbirth Rate per 1,000 total (live and still) births	.....	19.11	19.00	21.6
Total Births	.....		1,000	
No. of Illegitimate Births	.....		34	
Illegitimate Birth Rate per 1,000 live births	.....	27.69	34.65	48.0
Infant Deaths	.....		19	
Infant Mortality Rate per 1,000 live births	.....	26.66	19.36	22.6
Infant Mortality Rate per 1,000 legitimate births	.....		16.89	
Infant Mortality Rate per 1,000 illegitimate births	.....		88.23	
Neonatal Mortality Rate (for 4 weeks) per 1,000 related live births	.....	15.38	14.27	16.2
Perinatal Mortality Rate (stillbirths and deaths during first week) per 1,000 total live and stillbirths	.....	34.2	32.00	35.1
Illegitimate live births percentage of total live births	.....	2.77	3.46	4.8
Maternal deaths (including abortion)	.....	—	—	—
Maternal Mortality rate (including abortion) per 1,000 total births	.....	—	—	0.43

POPULATION TRENDS

1949	.....	67,400	1954	.....	65,470
1950	.....	67,950	1955	.....	65,350
1951	.....	67,820	1956	.....	65,290
1952	.....	67,820	1957	.....	64,870
1953	.....	65,370	1958	.....	64,450

The age-sex structure of the 1958 population is approximately as follows :

AGE-SEX STRUCTURE	%	Nos.
0—4 years	7.6	4,900
5—9 years	7.7	4,960
10—14 years	8.6	5,545
Males 15—44	19.2	12,375
Females 15—44	20.0	12,890
Males 45—64	12.5	8,050
Females 45—59	9.8	6,320
Males 65 and over	5.0	3,220
Females 60 and over	9.6	6,190

DEATH RATES FROM VARIOUS DISEASES

	No.	Rate per 1,000 Deaths
Diseases of Circulatory System	345	5.332
Cancer	131	2.024
Pneumonia	47	.726
Bronchitis	32	.494
T.B. Respiratory	3	.046
Other Forms	1	.015

The 163 deaths due to coronary disease were distributed throughout age and sex groups as follows :—

Age Groups	35—44	45—54	55—64	65—74	75 and over	Totals
Male	4	7	29	36	22	98
Female	2	3	14	21	25	65

The distribution of 18 deaths from lung cancer was as follows :—

Age Groups	35—44	45—54	55—64	65—74	75 and over	Totals
Male	2	3	5	6	1	17
Female	—	—	1	—	—	1

INFECTIOUS DISEASES
CORRECTED NOTIFICATIONS

DISEASE	1958			1957		
	Male	Fe- male	Total	Male	Fe- male	Total
Scarlet Fever	22	26	48	2	9	11
Whooping Cough	3	5	8	51	62	113
Acute Poliomyelitis (paralytic)	—	1	1	5	3	8
Acute Poliomyelitis (non paralytic)	—	—	—	—	2	2
Measles	456	483	939	33	37	70
Diphtheria	1	2	3	—	—	—
Dysentery	10	17	27	—	1	1
Meningococcal Infection	1	1	2	2	2	4
Acute Pneumonia	2	4	6	12	15	27
Acute Encephalitis (infective)	1	—	1	—	—	—
Acute Encephalitis (post-infectious)	1	—	1	1	1	2
Typhoid Fever	1	—	1	—	—	—
Erysipelas	1	—	1	1	—	1
Food Poisoning	8	5	13	—	—	—
Tuberculosis (respiratory)	26	18	44	37	27	64
Tuberculosis (meninges & C.M.S.)	—	1	1	—	—	—
Tuberculosis (other forms)	—	—	—	1	1	2
Totals	533	563	1096	145	160	305

Material from suspected infectious cases was examined at the Group Pathological Laboratory, Barrow-in-Furness. A new Public Health Laboratory opened in December at Preston under the direction of Dr. L. Robertson will also serve this area in future.

SECTION 3

GENERAL PUBLIC HEALTH

PUBLIC CLEANSING UNIT

This Unit was used on 9 separate occasions for disinfection of blankets used in the Ambulance Service, personal bedding and clothing, and, in one instance, cleansing of a verminous person.

VERMINOUS CONDITIONS

The facilities provided for the School Health Service can be extended to children of pre-school age, but the necessity for treatment for verminous conditions in this age group is now a rarity.

WATER

Mr. H. C. Postlethwaite, the Water Engineer, has kindly supplied the following information :

“ There was no change in the source of water supply during 1958, and the quality and quantity available in the town was satisfactory. Regular weekly bacteriological examinations are made and less frequent chemical analysis is carried out.

“ During the year two additional chlorinators were brought into operation, one at Poaka Beck Filters and one at Askam Booster Station. Water from each of these sources is chlorinated twice by independent instruments and thus breakdown of one plant is now very much less likely to permit contaminated water to be delivered.

“ In order to maintain adequate water pressure in all parts of the town, water mains are cleaned or new mains laid where necessary.”

GENERAL ARRANGEMENT OF SEWERAGE IN BARROW

I am indebted to the Borough Surveyor, Mr. J. N. Flitcroft, for the following notes :

“ The Council has taken active steps to improve the position regarding flooding in heavy storms, and at the present time there is a scheme prepared by me, approved by Council and now under consideration by the Ministry of Housing and Local Government for the relief of flooding and sewage pollution in the Roose Road area.

The Council has authorised the construction of a relief sewer at Flass Meadows to relieve flooding at Bridgegate, Friars Lane and Flass Meadows. It is also proposed to install additional pumps at the Salhouse Pumping Station and to construct a new sewer from Fairfield Lane to the Salhouse Pumping Station to prevent flooding at West Avenue, Park Drive and Greengate Street.

“ In the past, flood relief schemes for this area have been designed in accordance with the standard storm curve of the Ministry of Health which is applicable to most parts of the country. Recent storms in this area have shown far greater intensities of rainfall than this curve allows and not unnaturally there has been serious flooding.

“ I am of the opinion that the Ministry's curve is not representative of storm conditions in this area, and I have recommended Council to seek the consent of the Ministry of Housing and Local Government to design sewers to a higher standard and so be capable of dealing more effectively with extraordinary rainfalls. The necessary information has been supplied to the Ministry of Housing and Local Government, but their reaction is not yet known.”

SECTION 4

PROVISION OF HEALTH SERVICES FOR THE AREA CARE OF MOTHERS AND YOUNG CHILDREN

INFANT MORTALITY

24 children died during the year. Allowing for outward and inward transfers the figure is corrected to 19 cases, giving a rate of 19.36.

This means that the infant mortality rate has been halved in 9 years, which reflects credit on all concerned with the care of infants. It is impossible to decide which part of the National Health Service contributes most to this improvement, but I feel that it is a reflection of better co-operation and understanding between all workers in this field.

Of the 19 deaths, 14 occurred during the first month of life and 13 during the first week. The perinatal mortality rate, which is the number of infant deaths under one week added to the stillbirths, per 1,000 total live and stillbirths, is at 32.0 again indicative that around birth and shortly afterwards is still the most hazardous time of infant life.

In April and May, along with most Authorities, we took part in a National Survey on perinatal mortality organised by the National Birthday Trust Fund.

The final results of the survey are awaited with interest as they may throw some light on means of preventing infant deaths and stillbirths.

TABLE OF BIRTH AND INFANT MORTALITY RATES				
	Registered Births	Birth Rate	Infant Deaths	Rate
1950	1172	17.25	46	39.24
1951	1008	14.86	37	36.70
1952	1023	15.08	41	40.07
1953	1064	16.28	27	25.37
1954	1015	15.50	24	23.64
1955	924	14.14	29	31.38
1956	982	15.04	28	28.51
1957	975	15.03	26	26.66
1958	981	15.16	19	19.36

The 19 deaths occurring during 1958 are summarised as follows :—

Pneumonia (under 4 weeks)....	2
Pneumonia (4 weeks to 1 year)	3
Prematurity unqualified	4
Cerebral Hæmorrhage	3
Post-natal Asphyxia & Atelectasis	3
Congenital malformation	2
Meningococcal Meningitis	1
Gastro Enteritis & Prematurity	1

MATERNAL MORTALITY

There were no maternal deaths among Barrow women during the year.

LIVE BIRTHS

981 live births were registered compared with 975 last year.

CLINICS

Infant Welfare Clinics were held at the Central Clinic on four afternoons a week and the Mobile Clinic was stationed on alternate afternoons at Bedford Street, Beacon Hill, Ormsgill, Cambridge Street and, until May, Walney. Due to the considerable increase in attendances at the Walney Clinic, this was moved to the Community Hall in May, and a session is held each Wednesday afternoon.

The average daily attendances at the clinics have again increased appreciably ; at the Central Clinic from 26.39 to 30.64, and at the Mobile Clinic (including the Community Hall) from 27.19 to 31.25.

The Mobile Clinic is stationed on Barrow Island on Tuesday mornings and is attended by a Health Visitor only. The increased average daily attendances from 18.28 in 1957 to 29.02 in 1958 is very satisfactory.

ANTE-NATAL CLINIC

The attendances at the Ante-Natal Clinic showed a slight increase over the previous year, being 423 as against 407 in 1957. The number of women attending was 81 in 1958 ; 82 in 1957. 49 sessions were held.

Additionally 159 attendances were made by midwives' cases who had booked their own doctors for their confinements.

Once again I am glad to acknowledge the personal interest of Mr. G. R. Stoneham, Consultant Obstetrician, in the Clinic. His advice and help to the medical staff and the midwives is of inestimable value to this service.

PREMATURE INFANTS

During the year 59 premature babies were born alive. 15 were born at home, 11 were retained at home and one died within 24 hours of birth. 4 were transferred to hospital and all survived. Of the 44 born in hospital, 7 died in the first 24 hours, 4 more died before the month end and the remaining 33 survived.

	Died in 24 hours.	Died 1 day —1 month.	Survived 1 month.	Total.
Born at home and retained at home	1	—	10	11
Born at home and transferred to Hospital	—	—	4	4
Born in Hospital	7	4	33	44
Total	8	4	47	59

DENTAL TREATMENT

During the year 72 sessions were devoted to the treatment of expectant and nursing mothers and children under 5. 315 attendances were made by expectant and nursing mothers and 516 children under 5.

The Council has no workshop for producing dentures, but the work is carried out by local mechanics.

Facilities for X-ray are available at North Lonsdale Hospital.

The following tables show the work done :—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	88	88	81	47
Children under 5	298	277	238	260

	Scal-ings and Gum treat-ment	Fill-ings	Silver Nit-rate treat-ment	Ex-trac-tions	Gen-eral An-aesth-etics	Dentures Provided	
						Full Upper or Lower	Par-tial Upper or Lower
Expectant and Nursing Mothers	62	52	....	214	13	15	13
Children under 5	3	25	116	333	151	....	....

ORTHOPÆDIC CLINIC

93 children made 159 attendances at the 8 clinics held.

55 children visited the Physiotherapist on 621 occasions for fitting of splints, plasters, etc.

PHYSIOTHERAPY CLINIC

42 children attended for treatment on 925 occasions.

28 children had remedial exercises in 205 attendances.

SUN-LIGHT CLINIC

61 attendances were made by 6 children under 5.

OPHTHALMIC TREATMENT

56 children made 117 attendances and 25 prescriptions for spectacles were issued.

Children attended the clinic for the following conditions :—

REFRACTIVE ERRORS AND OTHER DEFECTS

Hypermetropia	5
Hypermetropic Astigmatism	5
Myopia	2
Myopic astigmatism	1
Congenital nystagmus, bilateral	2
Albino with congenital nystagmus, bilateral	1
Congenital impatency of lachrymal duct, right	10
Congenital impatency of lachrymal duct, left	3
Congenital impatency of lachrymal duct, bilateral	1
Epiphora, left	1
Epicanthus, left....	1
Emmetropia	2
N.A.D.	2

SQUINTS

Right convergent concomitant squint	....	....	....	....	11
Left convergent concomitant squint	....	....	....	....	5
Alternating convergent	....	....	....	....	3
Divergent, left	....	....	....	....	1

TREATMENTS

Occlusions, right	....	....	....	....	3
Occlusions, left	....	....	....	....	4

CARE OF ILLEGITIMATE CHILDREN

There were 34 illegitimate births, giving a rate of 27.69.

There is no local problem in the care of unmarried mothers ; they seek ante-natal care as well as married women and are generally accepted. 6 were cared for in St. Monica Maternity Home, Kendal, and 4 unmarried women later married.

WELFARE FOODS SCHEME

A Welfare Food shop managed by the Health Department is situated in the town centre.

The shop carries a large and varied stock of proprietary infant foods, which are available to any mother whose infant, as shown by the clinic card, regularly attends the Welfare Clinics and has been to one within four weeks.

Expectant and nursing mothers from the maternity hospital and Local Authority clinics can also use the shop on production of a recognised card from the doctor caring for them.

TABLE OF FOODS SOLD IN THE SHOP

Quarter	National	Orange	Cod Liver	Vitamin
Ending	Dried Milk	Juice	Oil	Tablets
March	5945	8672	1018	704
June	5071	10235	906	721
September	5643	10440	775	796
December	5693	8719	1211	763
	<u>21352</u>	<u>38066</u>	<u>3910</u>	<u>2984</u>

The sales of proprietary foods amounted to £6,036 in the year.

During the year the take-up of orange juice was approximately 51% and of cod liver oil 10%.

FAMILY PLANNING CLINIC

The local Branch of the Family Planning Association was formed during the year and since May has held clinics on Wednesday mornings at the Welfare Centre. The Branch Medical Officer-in-Charge and a nurse are in attendance at each session.

Since commencement 176 patients have been referred from the following sources :—

General Practitioners	....	....	....	21
Health Visitors	....	....	....	5
Hospitals	....	....	....	15
Existing Members	....	....	....	41
Transfers from other Clinics	....	....	....	21
Press	....	....	....	72
Miscellaneous	....	....	....	1

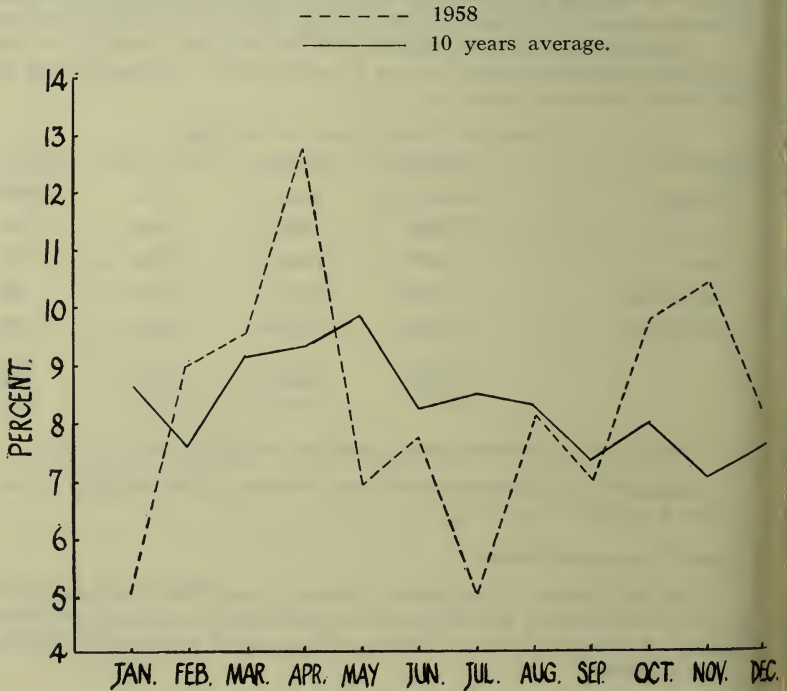
MIDWIFERY

The Medical Supervisor of Midwives paid 20 visits in the course of her supervisory duties. There were no irregularities.

Medical Aid was summoned in 22 cases ; 8 of these were doctors' cases and 14 were midwives' cases.

The total number of domiciliary deliveries was 258, of which 43 were midwives' own cases and 215 were doctors' booked cases, but in addition to these cases the midwives undertook the follow-up nursing care of patients who had to be discharged early from Risedale Maternity Hospital and these totalled 47. They were also responsible for the completion of reports on home conditions of patients who were applying for admission to Risedale Maternity Hospital on the grounds of unsuitable conditions for home confinement.

The following graph shows the monthly percentages of domiciliary births during 1958 and the averages for the preceding ten years.



STAPHYLOCOCCUS BREAST INFECTIONS

Included in the figures of patients attended by the District Nurses, there were 48 cases of breast infections in mothers whose babies were delivered in Risedale Maternity Hospital and 3 in mothers who had their babies at home.

To prevent the possibility of cross infection by domiciliary midwives who would have attended the cases discharged from Risedale, District Nurses attended instead.

The infection was mainly of staphylococcus aureus phage type 80 and by the end of the year infection was still prevalent; fortunately there were no infant deaths.

The number of domiciliary midwives was reduced to 5 in April by the resignation of one midwife. With a view to attracting staff to fill vacancies and easing the strain on the service, the Authority agreed to increase car allowances for midwives who provide their own cars, and authorised the use of "pool" cars for those who are able to drive. Further relief was obtained by the appointment in September of a part-time midwife, but with a total staff of only 5½ the situation is not satisfactory.

The obstetric flying squad was called out once during the year to a case of post-partum hæmorrhage.

HEALTH VISITING

The combined Health Visiting/School Nursing Service, amalgamated in 1957, has worked well during the year. Six nurses undertake combined duties, two have continued with Health Visiting duties only, and two on School Nursing only.

The Council gave approval to a scheme for appointing Student Health Visitors and sponsoring them for training courses. By the end of the year two nurses had been appointed and arrangements made for their training to take place during 1959.

TABLE OF VISITS BY HEALTH VISITORS

To expectant mothers	First visits	334
	Total visits	405
To children under one year of age	First visits	986
	Total visits	7334
To children between one and two years of age....	Total visits	3597
To children between two and five years of age	Total visits	5028

HOME NURSING

The existing establishment of 11 District Nurses has been maintained by the employment of part-time staff. The trend since the war for District Nurses to live out continues and only the Superintendent and 3 nurses resided in the Nurses' Home by the end of the year.

The idea of the Hospital Syringe Service sterilising all syringes used in the District Nursing Service was agreed between the Hospital Management Committee, and the Local Health Authority, but could not be implemented until the local hospital had extended their facilities for this.

37,758 visits were paid to 1,279 patients.

The following table shows the types of patients attended :—

	NO. OF PATIENTS	NO. OF VISITS
Medical	971	31997
Surgical	213	4273
Tuberculosis	13	908
Maternal Complications	13	249
Gynæcological	6	126
Others	63	205

An analysis of the nature of attention provided is given below :—

Bed Baths	26	1502
General Nursings	217	11778
Injections	562	19828
Dressings	241	4895
Enemata	190	341
Miscellaneous	43	414

VACCINATION AND IMMUNISATION

The poliomyelitis vaccination scheme has been continued and extended by the inclusion of the third injection and the raising of the eligible age group to 25 years.

The following table shows the progress of the poliomyelitis vaccination programme to the end of the year :—

	Under 15 years	15—25 years	Expectant Mothers
Number of courses (2 injections)	6098	19	189
Number of single doses only	916	542	15
Number of third injections	485	—	—
Acceptance rates	54%	8.7%	22%

The waiting list for the first injection totals 787.

During the year 474 persons were vaccinated against smallpox and 41 were re vaccinated under clinic arrangements. A further 157 vaccinations and 4 re vaccinations were reported by general practitioners.

Immunisation facilities for diphtheria and whooping cough are available at all clinics including the Mobile Clinic. The following table shows the work done :—

	At Clinics	By General Practitioners
Immunised against diphtheria only	29	11
Re inforcing doses	25	5
Immunised against diphtheria & whooping cough	559	160
Re inforcing doses	151	20
Immunised against whooping cough only	8	—

60.32% of the population under 5 and 17.26% of those from 5 to 14 years are estimated to have maximum immunity against diphtheria. A further 52.61 per cent of these older children have been immunised but have not had their immunity strengthened by the administration of a re inforcing injection.

The following table shows the estimated immunity state :—

Immunity Index	Under 1 year	1—4 years	5—14 years	Total under 15
1958	20.1	54.61	17.26	26.73
1957	6.81	51.86	17.43	25.57
1956	10.67	52.34	17.91	26.01
1955	8.04	48.85	20.69	27.44
1954	9.13	50.89	19.85	27.21
1953	4.0	49.29	21.02	27.58
National Index 1955	36.7	Not available		49.3

The Casualty Department of the North Lonsdale Hospital started immunising practically all casualties against tetanus. Two doses of tetanus toxoid are given at an interval of six weeks with a booster dose after six months.

AMBULANCE SERVICE

The Chief Fire Officer is also the Ambulance Officer.

The close supervision of the service and the use of radio has allowed one ambulance to be taken from the fleet. There are now 5 ambulances and one sitting car.

The number of calls and mileage show a large increase on last year, as the comparative table shows :—

YEAR	CALLS	MILEAGE
1954	11206	78352
1955	13552	80689
1956	14193	82059
1957	14115	81675
1958	16694	96393

ANALYSIS OF JOURNEYS

AMBULANCES				SITTING CAR			
Removals (out of town)	....	117		Removals (out of town)	....	128	
Removals (local)	....	14700		Mental Health	....	112	
Accidents	....	559		Health Visitors	....	1	
Midwives	....	49		Midwives	....	174	
Maternity	....	438		General	....	156	
Services not required	....	231					
Infectious	....	16					
Mental Health	....	13					
		<u>16123</u>				<u>571</u>	

PREVENTION OF ILLNESS, CARE AND AFTER CARE

TUBERCULOSIS

Dr. J. R. Edge, Consultant Chest Physician, reports on tuberculosis in the town as follows :—

" During 1958 with continuing improvement in methods of treatment, the necessary duration of stay in hospital for patients known to have tuberculosis continues to be reduced, whilst the very satisfactory results of treatment offer a degree of security and a prospect of competitive employment to tuberculous patients never previously possible.

" Nevertheless, the number of new cases discovered each year in Barrow is not getting less, and the fullest co-operation of the public, both in coming forward in seeking medical advice, and attending for X-Ray examination if advised, is essential if the disease is finally to be eradicated.

" The Health Visitor for tuberculosis has paid 2,116 visits to patients during the year and had attended 197 sessions at clinics for out patients and B.C.G. vaccinations and at schools. 155 new contacts were interviewed, 139 being X-rayed. Of the total contacts 9 were discovered to be suffering from tuberculosis.

" The arrangements for school children contacts to be tested and, if necessary, vaccinated, in schools instead of requiring them to attend the Chest Clinic has been continued."

TUBERCULOSIS NOTIFICATIONS

Aged	PULMONARY							NON-PULMONARY							Grd. Total
	Under 1	1 to 9	10 to 24	25 to 44	45 to 64	Ov-er 65	To-tal	Under 1	1 to 9	10 to 24	25 to 44	45 to 64	Ov-er 65	To-tal	
1949	—	1	23	20	16	3	63	—	8	10	3	1	—	22	85
1950	1	10	16	32	18	3	80	1	1	4	6	1	—	13	93
1951	1	2	16	29	20	1	69	—	1	3	3	—	1	8	77
1952	—	3	18	15	11	4	51	1	3	1	—	—	—	5	56
1953	—	3	10	21	10	1	45	—	1	—	1	—	—	2	47
1954	—	9	16	24	16	7	72	—	—	—	—	—	1	1	73
1955	—	3	20	11	8	2	44	—	1	—	—	—	—	1	45
1956	—	2	21	15	8	5	51	—	2	1	1	—	—	4	55
1957	—	12	14	21	11	6	64	—	—	—	1	—	1	2	66
1958	1	6	4	14	15	4	44	—	—	1	—	—	—	1	45

NUMBER AND RATES OF DEATHS FROM TUBERCULOSIS

Year	PULMONARY		NON-PULMONARY		Total
	No. of Deaths	Rate	No. of Deaths	Rate	
1949	41	0.608	4	0.051	0.667
1950	31	0.456	1	0.015	0.471
1951	23	0.339	4	0.059	0.398
1952	13	0.192	5	0.074	0.265
1953	14	0.214	2	0.031	0.245
1954	8	0.121	1	0.015	0.137
1955	6	0.092	—	—	0.092
1956	12	0.199	1	0.015	0.214
1957	13	0.200	1	0.015	0.216
1958	3	0.046	1	0.015	0.062
England and Wales					
1958	4000	0.089	480	0.011	—

A special visit was made by No. 5 Mass Miniature Radiography Unit to Barrow on 2nd and 3rd July to X-ray all positive skin test reactors in school children and other groups of staff who are considered to be at special risk or potential sources of infection.

The results of the X-rays are given in the table below :—

Staff	Appoint-ments offered	No. who attended Unit	No. whose result was "Chest Normal"	Recalled for large film.		
				No. whose result was "Chest Normal"	No. where lung condition noted and referred to Chest Clinic	No. of other chest conditions noted
Teachers	443	228	223	3	—	2
School Children	230	165	160	3	2	—
School Meals	118	26	24	—	1	1
Domestic Helps	142	60	59	—	1	—
Children's Dept.	18	14	14	—	—	—
Health Dept. & other staff	67	67	67	—	—	—
Totals	1018	560	547	6	4	3

CONVALESCENCE

Under an arrangement with the Board of Governors of Barrow War Memorial Convalescent Home, the Authority assumes financial responsibility for persons referred from general practitioners and the local hospitals for periods of convalescence in the Home, who are unable to pay the normal charges. Cases are normally admitted for two weeks and may be granted additional time if necessary.

The number of cases admitted under these arrangements during the year is as follows :—

One week	....	....	....	....	....	3
Two weeks	....	....	....	....	....	9
Three weeks	....	....	....	....	....	7
Four weeks	...	....	....	....	....	7
Five weeks	....	....	....	....	....	2
Six weeks	....	....	....	....	....	1
						—
Total	....	....	....	....	....	29
						—

LOAN EQUIPMENT

A variety of items of equipment for issue on loan to chronic sick and other patients being treated at home is held at the District Nurses' Home. The stock includes wheelchairs, commodes, air-beds, air rings, bed cradles, back rests, bed pans, urinals, rubber sheeting and crutches. During the year use was made of one or more of these articles as follows :—

Total number of loans during the year	....	....	....	....	....	649
Number of cases holding articles on loan at end of year	....	....	....	....	....	79

HEALTH EDUCATION

The Medical Officer continued to give talks to secondary school children about the association between cigarette smoking and lung cancer. Two schools were visited.

The Medical Officer of Health also gave two talks to Parent-Teacher Association Meetings and arranged an interesting symposium with Dr. Morris, the Consultant Pædiatrician, Miss White, the Superintendent Nursing Officer, and Miss Wells, the Headmistress of the Girls' Grammar School, for the Girls' Grammar School Parent-Teacher Association.

The Central Council for Health Education held a two-day In-service Training Course for the staff of the Health Department. This encouraged and stimulated Nurses and Public Health Inspectors in their work and they were shown the best methods of getting the interest of the members of the public in their day-to-day work.

The Deputy Director and the Educational Officer of the Central Council for Health Education also gave a talk to teachers in the area.

On two occasions during the year the Lancashire County Council invited the Midwives and Nurses to courses held in the County. These invitations are always readily acceptable, and I am grateful to Dr. Gawne, the County Medical Officer, for offering these free facilities to the staff. This is a fine example of inter-authority co-operation.

Every effort is made to use posters during seasons when their message applies and the staff take a great deal of care in making sure that poster display is intelligently done.

School teachers are showing interest in health education and the demand for suitable literature for teachers is increasing.

DOMESTIC HELP

The Health Committee gave attention to the increasing high cost of this service, and, as a result, the administration of the service was reviewed during the year. The increase in the cost since 1948 is shown in the following table :—

	1948 £	1951 £	1958 £
Annual cost of service	1285	3199	17560
Amount recoverable from patients	400	755	560

The demand for the service from the pensioner classes has continued to rise and at the end of the year 368 pensioners were receiving help free of charge. 19 pensioners were making some contribution, and 16 other non-pensioner cases were receiving help. This position, of course, must inevitably produce a very costly service.

With a view to reducing administration costs, a thorough investigation of the service was carried out, and from the information obtained it was apparent that a considerable saving could be effected by more economical deployment of the helps, and an increase in their working hours. The average weekly working hours was only 13 each, and if this number of hours could be increased, and the number of helps employed reduced, a useful reduction in the cost of the employer's National Insurance contributions would result. First endeavours to bring about this improvement have not been very encouraging, as only a few of the present staff are willing to work longer hours, but this aspect of the administration is being closely pursued. I consider that the appointment of a full time Organiser for the Service would pay dividends in this respect.

Further suggestions for improving the Service include a revised scale for assessing charges, the inclusion of capital held, the inclusion of increased assessable amounts contributed by other members of households, the annual reviewal of financial circumstances and the making of a minimum charge for all cases who make no payment at present.

The report of the survey, together with the several recommendations, is to be considered by the Health Committee early in 1959.

The Superintendent Nursing Officer supervises the Domestic Help Service and as seen from the figures given the demand continues to increase, especially in help given to the aged and infirm. Not being a free service, those on limited incomes pay only a small charge, or receive the service free, as charges are recovered according to means. This, of course, makes the service costly to operate.

As the service is mainly given to the aged where illnesses are prolonged or chronic, supervision is more necessary than with short term acute cases. With a continual increase of aged people in the population the demand for help in the home will grow, yet by giving the service unnecessary hospitalisation of the aged is prevented.

No. of Domestic Helps employed at year end : 144.

No. of persons who received help :

Aged and Infirm	....	....	....	466
Others	....	....	....	26
Tuberculous	....	....	....	4
Maternity	....	....	....	4

A Night Sitter-in Service is available for cases of emergency, but there has been little demand for its use.

SECTION 5

MENTAL HEALTH SERVICES

An event of great interest in this work was the publication of the Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency. Hope was expressed on every side that some of the recommendations would soon be implemented. The main interest to Local Authorities in these recommendations was their greater responsibility for domiciliary care of the mentally ill and mental defectives.

A theme recurring through the report is the emphasis on treating the mentally sick as we treat the physically ill. This trend is already very apparent in the country as the figures for this Authority also show. Voluntary admission to mental hospitals now constitute 84% of the admissions.

The Mental Health Service has continued to function with no major changes of note.

The Health Committee is responsible for the administration of this Service. The Medical Officer of Health and the Deputy Medical Officer of Health are appointed as medical practitioners for the purpose of giving medical certificates under Sections 3 and 5 of the Mental Deficiency Act, 1913. The Medical Officer of Health and Deputy Medical Officer of Health, together with Dr. A. P. B. Waind of the North Lonsdale Hospital, are appointed and approved for the purpose of giving medical certificates under Section 1 (3) and 5 (3) of the Mental Treatment Act, 1930.

A Duly Authorised Officer and an Assistant Duly Authorised Officer carry out all the lay duties of the service and provide a continuous 24-hour service for emergency cases.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

LUNACY AND MENTAL TREATMENT

Cases dealt with during the year were as follows:—

	Male	Female	Total
Patients admitted under the provisions of Section 20	11	29	40
Patients admitted on Summary Reception Orders	8	4	12
Patients admitted under Section 4 of Criminal Justices Act, 1948	1	1	2
Patients admitted voluntarily by Mental Health Department	32	30	62
Total	52	64	116

All admissions continue to be made direct to the Lancaster Moor Hospital, both day and night, which constitutes a return journey of approximately five hours.

115 journeys to Lancaster were made during the year.

Of the 40 patients admitted to hospital under Section 20 (three day order) 2 males and 3 females were detained on Summary Reception Orders. 9 males and 26 females remained as voluntary patients.

In addition to the above, 28 males and 36 females were admitted direct to the Lancaster Moor Hospital of their own accord, following an appointment with the Consultant Psychiatrist.

Discharges from the hospital during the year were 90 males and 103 females.

During the year 569 visits were made in connection with home condition reports, case histories, progress reports, after care and other incidental matters relating to the mentally sick.

A close liaison is maintained between the mental health department, the Consultant Psychiatrist serving this area and the mental hospital.

Of all the cases admitted during the year it is interesting to note the continued high percentage of voluntary admissions (84%) to the mental hospital. This follows the trend of the recent recommendations by the Royal Commission.

MENTAL DEFICIENCY

The local Health Authority is required by the National Health Service Act to take proceedings under the Mental Deficiency Acts to ascertain what persons in their area are defective, and to provide suitable supervision, or if such supervision affords insufficient protection to arrange for institutional care or guardianship.

Dr. R. C. Cunningham, the Consultant for Mental Deficiency for the area, kindly agreed to start a consultant clinic for mental defectives in the town. The clinic is held at Arndene, and means that parents now do not need to travel to the Royal Albert Hospital at Lancaster when consultation is necessary. The co-operation of Dr. Cunningham in this arrangement is much appreciated.

89 visits were made to cases under Statutory Supervision by the Duly Authorised Officers during the year and 8 visits were made by the Deputy Medical Officer of Health.

A further 175 visits were made by the Duly Authorised Officers in connection with other matters appertaining to cases of mental defect.

Cases admitted to hospital during the year were as follows :—

	Male	Female	Total
Under Section 3 (Placing Order)	—	—	—
Under Section 6 (Order on Petition)	—	—	—
Under Section 8(1) (b) (Court Order)	2	—	2
Informal basis	1	1	2
Total	3	1	4

In addition one female patient was admitted to the Calderstones Hospital for a short stay period under the provisions of the Ministry of Health Circular 5/52.

A high standard of co-ordination is essential with the various mental deficiency hospitals for the running of an efficient service, in the fostering of which the following reports were completed at the request of the respective Medical Superintendents :—

	Male	Female	Total
Home conditions reports	40	26	66
Case notes	4	5	9
Progress reports (licence cases)	2	10	12

The number of new cases ascertained during the year were as follows :—

	Male	Female	Total
Cases reported by Local Education Authority			
Under Section 57(3) of the Education Act, 1944	1	3	4
Under Section 57(5) of the Education Act, 1944	3	2	5
Police Courts	2	—	2
Other sources	—	1	1
Total	6	6	12

Defectives in the community awaiting admission to a mental deficiency hospital and at the end of the year on the waiting list of the Manchester Regional Hospital Board numbered 6 males and 10 females. Vacancies are difficult to obtain and some cases, now becoming urgent, have been on the waiting list for a number of years.

Below is appended a table showing the total number of ascertained defectives on the register of the Local Authority at the end of the year :—

	Under 16 years		Over 16 years	
	Male	Female	Male	Female
Under statutory supervision	8	10	55	48
Under guardianship	—	—	—	—
In places of safety	—	—	—	—
In hospitals	6	2	59	50
Under voluntary supervision	1	—	4	11
Totals	15	12	118	109

SECTION 6.
PORT HEALTH, 1958

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
Dr. I. D. M. Nelson	Port Medical Officer	1/3/57	M.B., Ch.B., B.A.O., D.P.H.	Medical Officer of Health
Dr. Dorothy G. Stewart	Deputy Port Medical Officer	5/10/48	M.B., Ch.B.	Dep. Med. Officer of Health
John Shanks	Port Health Officer	1/4/42	Cert.R.S.I. & S.I. Joint Board, etc.	Chief Public Health Inspector.
Ronald J. Morse.	Port Health Officer	7/7/58	Cert.R.S.I. & S.I. Joint Board, etc.	Deputy Chief Public Health Inspector

**AMOUNT OF SHIPPING ENTERING THE DISTRICT
DURING THE YEAR.**

Ships from	Number	Tonnage	Number inspected		Number of Ships reported as having, or having had during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Public Health Inspectors	
Foreign Ports....	125	224,387	5	90	1
Coastwise	181	68,447	Nil	28	Nil.
Total	306	292,834	5	118	1

CHARACTER OF SHIPPING AND TRADE DURING THE YEAR.

PASSENGER TRAFFIC	{	Number of passengers INWARDS—7. Number of passengers OUTWARDS—3
CARGO TRAFFIC	{	Principal IMPORTS—Iron Ore, Wood Pulp, Pulp Wood, and Scrap Metal. Principal EXPORTS—Coke, Pig Iron and Ingot Moulds.

PRINCIPAL PORTS from which ships arrive—Bona, Melilla, Almeria, Algiers, Hornillo, Narvik, Helsingborg, Oxelosund, Ymuiden, Oskarhamn, Hamburg, Lulea, Gefle, Kirkines, Rouen, Setubal, Ayr, Heysham, Liverpool, Belfast and the Republic of Ireland.

SMALLPOX.

- (1) Names of Isolation Hospitals to which smallpox cases are sent from the district.

Elswick Leys Smallpox Hospital, Blackpool.

Ainsworth Smallpox Hospital, Bury.

- (2) Arrangements have been made to remove all such cases by Corporation ambulance to the hospital. Members of the ambulance crew have been vaccinated recently.

- (3) Names of smallpox consultant available.

Dr. D. C. Liddle, Monsall Isolation Hospital, Newton Heath, Manchester, 10.

Dr. E. R. Pierce, Port Health Offices, Pier Head, Liverpool, 3.

Prof. A. B. Semple, Health Department, Hatton Garden, Liverpool, 3

Dr. C. Metcalfe-Brown, Town Hall, Manchester, 2.

- (4) Public Health Laboratory—Liverpool and Manchester ; a Public Health Laboratory opened at Preston in December and will also serve the area in future.

CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES
ON SHIPS

One member of the crew of a foreign ship was admitted to hospital suffering from Sonne Dysentery.

MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

All vessels from foreign ports entering the Port are, where necessary, systematically inspected by the Port Health Officers to ascertain the degree of rodent infestation on board.

A macroscopic examination of rats caught is carried out whenever possible by the Medical Officer and the Port Health Officers. There were no rats sent for bacteriological examination during the year.

Arrangements have been made, when necessary, for the deratting of ships by means of Hydrogen Cyanide to be carried out by a commercial contractor, Messrs. Hivey Fumigation Co., Ltd., 15, Cheapside, Liverpool.

It has not been found necessary to carry out any rat-proofing of ships during the year, and no rats have been destroyed in ships from foreign ports.

DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES ISSUED
DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS.

No. of Deratting Certificates issued					Number of Deratting Exemption Certificates issued	Total Certificates Issued
After fumigation with		After trapping	After poisoning	Total		
HCN	Other fumigant					
Nil.	Nil.	Nil.	Nil.	Nil.	24	24

13 of the above-mentioned Deratting Exemption Certificates were issued following examination of vessels at the Port of Heysham.

INSPECTION OF SHIPS FOR NUISANCES

Nature and Number of Inspections		Notices served		Result of serving Notices
		Statutory Notices	Other Notices	
Routine Inspections and Re-Inspection....	131	Nil.	13 verbal Notices to Master or Chief Officer.	All the nuisances have so far as practicable been abated, prior to the vessels leaving the Port.
Total	131	Nil.	13	....

SECTION 7

ENVIRONMENTAL HEALTH

This part of the report is compiled by the Chief Public Health Inspector.

HOUSING

HOUSING REPAIRS

Number of unfit or defective houses rendered fit during the year as a result of informal action 59

ACTION UNDER STATUTORY POWERS

PUBLIC HEALTH ACT

Number of houses in which defects were remedied after the service of formal Notices :—

(a) by owners 94
(b) by the local authority in default of owners 17

HOUSING ACT

Number of unfit houses rendered fit for human habitation after service of formal notices :—

(a) by owners Nil.
(b) by the local authority in default of owners 1

DEMOLITION ORDERS

5 Demolition Orders were made in respect of 5 houses, one of which consisted of 6 flats.

The owners of 1 of these dwellings lodged an appeal, and this was pending at the end of the year.

CLOSING ORDERS

Number of Closing Orders made in respect of unfit dwellings 6

CLEARANCE ORDERS

1 Clearance Order was made of an Area comprising 3 houses.

THE RENT ACT, 1957

Carrying out the provisions of this Act occupied a substantial portion of the Public Health Inspectors' time, as seen in the following summary :—

Requests from tenants for inspections and for advice about Form G	82
Applications for Certificates of Disrepair	188
Certificates of Disrepair issued	66
Landlords' undertakings to remedy the defects listed	136
Such undertakings refused by the Local Authority	1
Applications by landlords for cancellation of Certificates of Disrepair	17
Objections by tenants to cancellation of Certificates of Disrepair	3
Certificates cancelled by the Local Authority	18
Visits of inspection paid to dwellinghouses	1553
Applications by landlord or tenant for Certificate for Remedying the	
Defects which landlord has undertaken to remedy	5
Certificates as to the Remedying of Defects specified in a Landlord's	
Undertaking to remedy Defects	3

ABATEMENT OF NUISANCES

Complaints about nuisances and sanitary defects received	734
Inspections	2882
Intimation Notices served about Nuisances and Sanitary Defects	181
Statutory Notices served about Nuisances and Sanitary Defects	96
Miscellaneous Inspections	267
Interviews with owners, agents and contractors, etc.	570

The following is a summary of the work carried out by formal and informal action.

WATER CLOSETS, FLUSHING APPARATUS, Etc.

W.C. roofs repaired	13
W.C. doors repaired or renewed	11
W.C. floors repaired or renewed	1
W.C. cisterns repaired or renewed	28
W.C. flushing apparatus repaired or renewed	8
Broken pedestal W.C. basins repaired or renewed	6
W.C. flushing apparatus provided with proper supply of water	7
W.C. conversions	4
W.C. seats repaired or renewed	8
Defective W.C. walls repaired or rebuilt	13
Defective connections between W.C. basin and flushpipe	2

EAVESGUTTERS, RAINWATER PIPES, HOPPER HEADS, Etc.

Premises on which eavesgutters were cleared, repaired or renewed	45
Premises on which rainwater pipes were repaired or renewed	32
Defective lead valley gutters repaired or renewed	2
Yard gulleys unstopped	4
Broken gulleys renewed	1

DRAINAGE AND YARD PAVING, Etc.

Stopped drains cleared and repaired	8
Defective drains repaired or relaid	8
Defective drain vent shafts repaired or renewed	3
Defective yard surfaces repaired or renewed	10
Broken and defective sink waste pipes repaired or renewed	8
Broken and defective bath waste pipes repaired or renewed	2
W.C. soil pipes repaired or renewed	3
Cases of cellar flooding remedied	1

YARD WALLS, YARD DOORS, Etc.

Defective yard doors repaired or renewed	10
Defective yard walls repaired or renewed	21

GENERAL REPAIRS AND RENEWALS TO DWELLING HOUSES

Roofs repaired	61
Floors repaired and renewed	43
Dampness in walls remedied	58
Defective plasterwork of walls repaired or renewed	41
Defective house walls repaired or rebuilt	20
Defective plasterwork of ceilings repaired or renewed	34
Defective doors repaired or renewed	28
Defective kitchen firegrates repaired or renewed	6
Defective parlour firegrates repaired or renewed	5
Defective bedroom firegrates repaired or renewed	4
Defective chimney stacks repaired or rebuilt	8
Defective chimney flues repaired or reconstructed	7
Defective flashings repaired or renewed	1
Defective cement renderings to external walls repaired or renewed	4
Defective skylights repaired or renewed	4
Defective sinks renewed or refixed	10
Loose handrails to staircases refixed	1
Defective fixed cupboards repaired or renewed	2
Defective firegrate surrounds and hearths repaired or renewed	12
Defective firebacks to kitchen ranges repaired	10
Defective window frames repaired or renewed	36
Defective window sills repaired or renewed	51
Defective window sashes repaired or renewed	48
Defective window glazing, putty-pointing, etc., remedied	38
Defective pointing to window and door reveals	38
Defective window cords remedied	26
Rooms in which skirting boards were provided or repaired	15
Broken and dangerous steps repaired or renewed	9
Defective staircases reconstructed or repaired	1
Water storage cisterns repaired or renewed	4
Defective weatherboards and threshwoods provided or repaired	28
Defective pointing remedied	23
Defective pipes and taps repaired	7
Coal store, outhouse, etc., structural repairs	8
Repair or renewal of leaking gas pipes and fittings	3

OTHER MATTERS DEALT WITH

Accumulation of offensive refuse removed	1
Food stores provided with means of ventilation	5
Miscellaneous nuisances abated	1

DISINFESTATION

14 Privately owned and 21 Corporation owned premises were disinfected during the year.

WATER SUPPLY TO OCCUPIED DWELLING-HOUSES

Statutory Notices served requiring the provision of a sufficient supply of wholesome water to dwelling-houses	4
Dwelling-houses provided with a sufficient supply of water	12
Leaking pipes repaired	14

Inspections and tests carried out in connection with the repair, alteration or addition to drains 559

SHOPS ACT, 1950.

Inspections carried out under the provisions of the Shops Act, 1950 136
The provisions were generally well complied with.

CONTROL OF MOVEABLE DWELLINGS

Considerable time was devoted to the inspection of moveable dwellings.

There are two licensed sites within the County Borough. One of the sites, situated on land at Earnse Point, Walney, is occupied by modern caravans and is supervised by a resident manager. There is a permanent sanitary block, fitted with water closets and showers, with separate accommodation for each sex. There is a general store for the sale of provisions on the site and further developments are planned. A considerable number of the caravans on this licensed site are now occupied as full-time residences.

RODENT CONTROL.

The Council employ two Rodent Control Operatives. The work is carried out free of charge, with the exception that occupiers of business premises, factories and work-places are required to pay for the cost of materials and labour.

Rodent Control work in sewers is the responsibility of the Borough Engineer and Surveyor.

During the course of sewer-baiting, the Rodent Control staff carried out systematic inspections of properties adjacent to the sewers undergoing treatment and it was found that the sewer work had a very marked beneficial effect upon the infestations discovered in surface properties.

Many surface infestations have been remedied throughout the Borough by means of the repair or reconstruction of defective drainage systems.

SUMMARY OF THE WORK

	Type of Property				Total (5)
	Local Author- ity (1)	Dwell- ing Houses (2)	Agri- cultural (3)	All other (including business premises) (4)	
Number of properties inspected by the Local Authority as a result of (a) notification (b) survey under the Prevention of Damage by Pests Act, 1949 (c) otherwise e.g. when visited primarily for some other purpose.	(a) 23	181	5	44	253
	(b) 37	95	33	33	198
	(c) 65	460	12	557	1094
Total inspections carried out including re-inspections.	161	753	62	685	1661
Number of properties inspected which were found to be infested by rats.	Major 4	2	—	3	7
	Minor 6	69	6	19	100
Number of properties inspected which were found to be infested by mice.	Major 1	3	—	4	8
	Minor 15	73	2	24	114
Number of infested properties treated by the Local Authority.	24	147	4	50	225
Number of "block" control schemes carried out.					21

PHARMACY AND POISONS ACT, 1933

Inspections of applicants for retention of their names in the Authority's list of persons entitled to sell poisons	45
---	----

MILK SUPPLY

Visits paid to Dairies, Milk Shops and Milk Pasteurising Depots	147
---	-----

THE MILK AND DAIRIES REGULATIONS, 1949—1954

Dairies registered during the year	21
Distributors of milk registered during the year	10

THE MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949.

THE MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

The Milk (Special Designations) (Raw Milk) Regulations, 1949, provide that Licences to producers to use any special designation shall be granted by the Minister of Agriculture and Fisheries, while Local Authorities will continue to grant Licences to dealers to use special designations in respect of milk sold by them.

The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949, provide that Licences in respect of Pasteurising and Sterilising establishments will be issued by the Food and Drugs Authorities, and Local Authorities will continue to be responsible for all other Licences connected with these designated milks.

THE MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREAS) (No. 2) ORDER, 1957

The Order, which was made jointly by the Minister of Agriculture, Fisheries and Food and the Minister of Health, came into operation on 25th November, 1957. Under this Order the provision of Sub-section (1) of Section 37 of the Food and Drugs Act, 1955, apply in an area which includes this County Borough.

Since 25th November, 1957, all dairymen who retail milk in any part of the area must sell milk under special designation, irrespective of whether the premises from which the milk is retailed are inside or outside the area, and any milk which is retailed outside the specified area from those same premises must also be sold under special designation.

It is also obligatory to use a special designation in relation to milk sold to a caterer unless the caterer intends to pasteurise or sterilise the milk and is licensed so to do.

The special designations authorised by the Milk (Special Designation) Regulations, 1949 to 1954, are "Pasteurised," "Sterilised," and "Tuberculin Tested."

No. of Licences issued authorising the retail sale of Pasteurised Milk	105
---	-----

No. of Licences issued authorising the retail sale of Tuberculin Tested Milk	48
---	----

No Sterilized Milk is sold within the Borough.

BACTERIOLOGICAL EXAMINATION OF MILK

PASTEURISED MILK

Samples satisfactory	29
Licensed Milk Pasteurisers in the Borough (H.T.S.T.)	2

TUBERCULIN-TESTED (PASTEURISED) MILK

Samples satisfactory	9
Licensed Pasteurisers of Tuberculin-Tested Milk (H.T.S.T.)	2

TUBERCULIN-TESTED MILK (PRODUCED WITHIN THE BOROUGH)

Samples satisfactory on both Methylene Blue and Coliform Tests	10
Unsatisfactory on Methylene Blue Test	4
Unsatisfactory on Coliform Test	Nil.

TUBERCULIN-TESTED MILK (PRODUCED OUTSIDE THE BOROUGH)

Samples satisfactory on both Methylene Blue and Coliform Tests	26
Unsatisfactory on Methylene Blue Test	9
Unsatisfactory on Coliform Test	2

BIOLOGICAL EXAMINATION OF MILK

Samples submitted for Animal Inoculation Test	46
Samples showing the presence of B. Tuberculosis	Nil.

THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS,
1947 — 1952

The administration of these Regulations was fully carried out and repeated visits of inspection to premises where ice-cream is manufactured and/or sold showed that the provisions were being well complied with.

BACTERIOLOGICAL EXAMINATION OF ICE-CREAM

During the year, samples of Ice-Cream were obtained from various premises and were submitted to the Methylene Blue Test recommended by the Ministry of Health. There were 6 samples and all were Grade I.

THE FOOD AND DRUGS ACT, 1955

THE FOOD HYGIENE REGULATIONS, 1955-1956

Inspections were carried out regularly in shops, food factories and warehouses, restaurant and hotel kitchens, canteens, ice-cream manufacturers' and dealers' premises, butchers' shops, market halls and cold stores, as well as vehicles used for the transport of meat and foodstuffs.

FOOD PREMISES IN THE AREA, BY TYPE OF BUSINESS,

AS RECORDED AT THE 31ST DECEMBER, 1958 :

Butchers' Shops	70
Bakehouses	49
Confectioners' Shops	41
Restaurants and Cafes	45
Grocers' Shops	120
Wet Fish Shops	14
Fried Fish Shops	31
Ice-Cream Premises :	
(a) Manufacturers	3
(b) Retailers	248

 621

FOOD PREMISES, BY TYPE, REGISTERED UNDER SECTION 16
OF THE FOOD AND DRUGS ACT, 1955

Ice-Cream Manufacturers	....	3
Ice-Cream Retailers	....	248
Butchers' Shops	....	48
Bakehouses	....	49
Fried Fish Shops	....	31
		<hr/>
		379
		<hr/>

Inspections of registered food premises :—

Manufacture of Preserved Food	445
Ice-Cream Premises	....
	136

Inspections of food premises other than those registered under Section 16 1168
By inspection and informal action, repair and improvement work, with the provision of new equipment, was carried out at 178 food premises.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924

Inspections of butchers' shops, meat stalls and cold stores 476

The Regulations continue to be well complied with generally, and only informal action was necessary where any default was found ; transport of meat has been carried out satisfactorily.

MERCHANDISE MARKS ACT, 1926

325 Inspections were carried out under the above-mentioned Act.

MEAT INSPECTION

NUMBERS OF ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIRS

YEAR	CATTLE	CALVES	SHEEP	PIGS	TOTAL
1956	5,685	1,427	22,628	8,323	38,063
1957	6,491	898	20,192	8,096	35,677
1958	6,729	170	18,861	9,126	34,886
Increase	238	....	....	30	....
Decrease	....	728	1,331	....	791

NUMBER OF WHOLE CARCASSES WITH OFFALS CONDEMNED

YEAR	BEEF	VEAL	MUTTON	PORK	TOTAL
1956	47	23	49	22	141
1957	46	30	44	49	169
1958	47	7	43	18	115
Increase	1	....	....	....	....
Decrease	....	23	1	31	54

The total weight of meat condemned at the Abattoirs during the year was
38 Tons 2 Cwts. 11 Lbs.

UNHEALTHY MEAT, CARCASSES AND PART CARCASSES CONDEMNED AT ABATTOIRS					
DISEASE	BEEF lbs.	VEAL lbs.	MUTTON lbs.	PORK lbs.	TOTAL lbs.
Tuberculosis	4,776	0	0	538	5,314
Other Conditions	19,250	297	1,816	1,333	22,696
	24,026	297	1,816	1,871	28,010

UNHEALTHY VISCERA CONDEMNED AT THE ABATTOIRS					
DISEASE	BEEF lbs.	VEAL lbs.	MUTTON lbs.	PORK lbs.	TOTAL lbs.
Tuberculosis	1,852	0	0	3,657	5,509
Other Conditions	42,830	62	9,175	2,157	54,224
	44,682	62	9,175	5,814	59,733

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle Ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2168	4561	170	18861	9126
Number Inspected	2168	4561	170	18861	9126
All diseases except TUBER- CULOSIS & CYSTICERCII Whole Carcasses condemned	6	36	7	43	14
Carcasses of which some part or organ was condemned	1294	3481	—	8521	892
Percentage of the number inspected with disease other than tuberculosis and cysticerci	59.96	77.91	4.11	45.29	9.92
TUBERCULOSIS ONLY : Whole carcasses condemned	1	4	—	—	4
Carcasses of which some part or organ was condemned	4	32	—	—	130
Percentage of the number in- spected affected with tuber- culosis	0.23	0.78	—	—	1.46
CYSTICERCOSIS : Carcasses of which some part or organ was condemned	10	11	—	—	—
Carcasses submitted to treat- ment by refrigeration	10	11	—	—	—
Generalised and totally con- demned	—	—	—	—	—

SLAUGHTER OF ANIMALS ACTS, 1933-1954

During the year, 41 Licences to slaughter and stun animals were issued

CATTLE MARKET

The number of animals sold by auction :—

Cattle	....	....	....	....	....	108
Calves	....	....	....	....	....	16
Sheep & Lambs	....	....	....	....	....	928
Pigs	....	....	....	....	....	1443
TOTAL	....	....	....	....	....	2495

MILK SAMPLES

Number analysed	....	....	....	....	....	....	....	....	94
Number reported to be genuine	....	....	....	....	....	....	....	....	91
Number reported to be adulterated or below the legal standard	....	....	....	....	....	....	....	....	3
Percentage of samples adulterated or below the legal standard	....	....	....	....	....	....	....	....	3.19
Average percentage of fatty and non-fatty solids in total samples analysed :									
Fatty solids	....	....	....	....	....	....	....	....	3.94
Non-fatty solids	....	....	....	....	....	....	....	....	8.80
Total solids	....	....	....	....	....	....	....	....	12.74

Three samples were shown to be milks of abnormal composition, and the County Milk Production Officer was informed accordingly.

ANALYSIS OF FOOD SAMPLES

Of 168 samples analysed, 6 were formal, comprising :—

3 samples of milk, found to be of abnormal composition, and 3 samples of rum ; 1 found to contain excess water.

The remaining 162 informal samples were

Milk	....	....	....	....	....	....	91
Pork sausage	....	....	....	....	....	....	4
Beef sausage	....	....	....	....	....	....	36
Ice-cream	....	....	....	....	....	....	6
Table Jelly	....	....	....	....	....	....	2
Whisky	....	....	....	....	....	....	6
Rum	....	....	....	....	....	....	6

and one sample each of Butter, Sultana Cake, Butter Madeira Cake, Rum Butter, Butter, Butter Fudge, Flour, Honey, Tomato Piquant, Evaporated Milk, Curry Powder, Lemon Cheese.

The above were found to be genuine, with the exception of the following items :

BEEF SAUSAGE

Two informal samples of beef sausage were purchased and submitted for chemical analysis. The Analyst's reports showed that one was slightly deficient in meat, the other contained an excess of fat. In both cases the manufacturers were notified of the results and warned.

PORK SAUSAGE

An informal sample of pork sausage purchased and submitted for analysis was shown to be deficient in meat. The manufacturer was warned.

RUM

An informal sample of rum was purchased and submitted for analysis, the sample contained 11.5% excess water.

A formal sample was later purchased at the same licensed premises and showed the presence of 5.8% excess water.

At the time the formal sample was purchased, a temporary Manager was running the business, on behalf of the owners. The temporary Manager had taken over some part used bottles of spirits from the previous Manager, and it was from one of these bottles that the sample was taken.

The matter was reported to the Health Committee, but in view of the unusual circumstances, the Town Clerk was authorised to send warning letters to the owners and the licensee of the premises in question.

FOREIGN MATTER IN LOAF OF BREAD

A local firm were prosecuted and fined £2 for selling a loaf of bread not of the substance demanded, as it contained foreign matter of a fibrous nature.

SUMMARY OF FOOD DESTROYED

BY DESCRIPTION

Tins of Meat	....	....	....	....	904
Tins of Fruit	....	....	....	....	984
Tins of Vegetables	....	....	....	....	1031
Tins of Fish	....	....	....	....	171
Tins of Soup	....	....	....	....	158
Tins of Milk	....	....	....	....	229
Tins of Rice	....	....	....	....	47
Packets of Raisins	....	....	....	....	69
Packets of Sponge Puddings	....	....	....	....	138
Packets of Butter	....	....	....	....	16
Cartons of Cheese	....	....	....	....	39
Fruit Puddings	....	....	....	....	10
Bottles of Spirits	....	....	....	....	354
Other Items	....	....	....	....	144

BY WEIGHT

	Tons	Cwts.	Qtrs.	Lbs.
New Potatoes	8	11	3	0
Turnips	3	12	2	0
Peas		14	2	8
Pears		2	3	12
Melons		4	1	19
Currants			2	24
Semolina				24
Bacon		1	3	4 $\frac{3}{4}$
Sausage		1	0	12 $\frac{1}{2}$
Ham			3	3
Ducks			3	6
Fish Cakes				10
Fish			3	21
Cheese				1 $\frac{1}{4}$
TOTAL	13	12	2	5 $\frac{1}{2}$

All condemned food, including meat from the Public Abattoirs was incinerated at the Corporation's Refuse Destructor.

FACTORIES ACTS, 1937 AND 1948

PREMISES	PREMISES ON REGISTER	NUMBER OF INSPECTIONS
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	36	20
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	219	137
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	16	9
TOTAL	271	166

A written notice was served and complied with under (ii) in respect of a default.

PARTICULARS OF DEFECTS FOUND

Want of cleanliness (S.1)	28
Overcrowding (S.2)	
Unreasonable temperature (S.3)	
Inadequate ventilation (S.4)	
Ineffective drainage of floors (S.6)	1
Sanitary Conveniences (S.7)	
(a) Insufficient	
(b) Unsuitable or defective	21
(c) Not separate for sexes	
Other offences against the Act (not including offences relating to outwork)	
TOTAL	50

All the above defects were remedied.

ATMOSPHERIC POLLUTION

During the year, a considerable amount of time was devoted to the abatement of atmospheric pollution, and allegations, reports and complaints of nuisance from a variety of sources were thoroughly investigated and dealt with, and included nuisances from dust and grit from a foundry and a private Electricity Generating Station, and smoke nuisances from a brickworks, a dairy and a brewery.

THE DARK SMOKE (PERMITTED PERIODS) REGULATIONS, 1958 THE DARK SMOKE (PERMITTED PERIODS) (VESSELS) REGULATIONS, 1958

On 1st June, 1958, the above-mentioned Regulations came into operation, being made by the Minister of Housing and Local Government in exercise of his powers under sub-section (2) of Section 1 of the Clean Air Act, 1956.

Section 1 of the Clean Air Act, 1956, makes it an offence to emit dark smoke (as defined in the Act) from the chimney of a building, or of certain boilers or industrial plant, and also, as applied by Section 20 of that Act, from the chimney of a vessel. However, section 1 provides that emissions of smoke lasting for not longer than such periods as may be specified by the Minister by Regulation, shall, in such classes of case and subject to such limitations as may be so specified, be left out of account for the purposes of the section. These Regulations specify the permitted emissions of smoke.

Criticism has been made of the long periods of observation which will be necessary to operate these Regulations effectively. This is especially so in the case of vessels, where difficulty is experienced in maintaining a continuous accurate observation on a moving vessel for an hour, but although the Regulations are not ideal they represent a considerable improvement in our powers of control.

VESSELS OPERATING IN THE PORT AREA

As soon as the Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958, came into operation the co-operation of the Docks Manager (British Transport Commission) was sought to ensure that the vessels under his control would be able to comply with them.

The dredgers and tugs operating within the Port at this time were all hand-fired coal burners. Practical difficulties for the firemen on the tugs are somewhat different from those on the dredgers, since steam demand on dredgers is fairly constant for long periods, whereas tugs have sudden demands for steam when manoeuvring large vessels, but many firemen have a tendency to pitch at long intervals, rather than "little and often," with consequent excessive smoke emission. In fairness to the firemen, it should be realised that their hours of work are irregular, and they have to work in dark, confined spaces.

Numerous observations were made on the vessels while they were carrying out their normal duties, and several observations were made on board the vessels when experiments were carried out in methods of stoking and the control of secondary air to the furnaces.

From these findings it was concluded that extra secondary air was needed in most cases, and this recommendation was made to the Docks Manager. A practical proposal was also agreed that whenever possible the Master of the vessel should give the Engine Room advance warning when he is likely to require full steam, so that the fireman has more time to build up pressure.

Where needed, these vessels were subsequently provided with extra permanent controllable means of supplying more secondary air to the furnaces, which resulted in a considerable improvement, but much still depends on the human element.

It is understood that the British Transport Commission hope eventually to replace their existing tugs with later models, probably oil-burners, when the position should be further improved.

It may be useful here to record some of the difficulties involved in making accurate smoke observations on vessels.

The top of the funnel must be visible against the sky, and the smoke from the funnel must blow across the observer's line of vision. When vessels are lying alongside it is not always possible to satisfy these requirements, as it is often difficult to choose a vantage point where a crane, building or, perhaps, another vessel is not in the way.

When the vessels are under way, the position is even more difficult for in narrow waters the vessels soon pass the observation point and observation can only be made for short periods. The observation can be broken off and continued again after travelling by road to Rampside or Roa Island, but sun position and wind direction have to be taken into account.

Again, after making an observation it is essential to board the vessel concerned to ascertain whether there is any reasonable explanation for excessive smoke emission. When, for example, vessels are dredging in mid-channel or are steaming from the dredging site to a point some distance out into the Irish Sea, considerable difficulty is experienced in finding means of conveyance out to the vessels. The only alternative is to wait for them to come alongside, but the time delay makes it an unsatisfactory one.

PET ANIMALS ACT, 1951

4 Licences to keep Pet Shops were issued. One application for a Licence was refused owing to the applicant's premises being unsuitable for the purpose.

PUBLIC HEALTH (PRESERVATIVES IN FOOD) REGULATIONS

168 Visits were paid to premises.

THE DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

Waste foods may, if not boiled for one hour, spread foot-and-mouth and other diseases. This Order prohibits the feeding of unboiled waste foods to certain animals or poultry, and provides that waste foods shall not be used unless they have just been boiled for at least one hour in a plant licensed by the Local Authority. The Order also requires certain other control measures to prevent the spread of diseases.

53 visits were made during the year in administering this Order and 2 Licences to operate plant and equipment were granted.

SECTION 8.

OTHER SERVICES

Details are given below of medical examinations carried out by medical officers :—

PURPOSE OF EXAMINATION

Fitness for employment and for acceptance to the superannuation scheme	346
Fitness to undertake training as teachers or for employment as teachers	54
Fitness to take up teaching appointments (Established Teachers)	41
Examination of employees whose sickness absences totalled or exceeded four weeks per year	21
	<hr/> 462

The following are the causes for rejection of candidates for employment :

FIT TO WORK				REJECTED—UNFIT FOR EMPLOYMENT			
CAUSE	M.	F.	TOTAL	CAUSE	M.	F.	TOTAL
High Blood Pressure	2	1	3	Hypertension	1	—	1
Diabetes	—	1	1	Chronic bronchitis	1	1	2
Psychiatric disorder	1	—	1	? Angina	—	1	1
Dermatitis	1	—	1	Inguinal hernia	1	—	1
Inguinal hernia	2	—	2	Pulmonary tuberculosis	1	—	1
Mitral stenosis	—	1	1	Arthritis	1	—	1
Defective vision	1	—	1	Internal derangement of knee joint	1	—	1
Chorea	—	1	1				
Hemiplegia	1	—	1				
	<hr/> 8	<hr/> 4	<hr/> 12		<hr/> 6	<hr/> 2	<hr/> 8

MINISTRY OF HEALTH CIRCULAR 2/53 (PARAGRAPH 4) AND 1/54 (PARAGRAPH 5)

25 Forms B.D.8 were received. No cases of retrolental fibroplasia in premature infants and no cases of ophthalmia neonatorum were notified.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS
1ST JANUARY—31ST DECEMBER, 1958

(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8. recommends :—	Cause of Disability		
	Cataract	Glaucoma	Others
(a) No treatment	4	2	9
(b) Treatment (medical surgical or optical)	6	1	3
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	4	—	2

CO-ORDINATING COMMITTEE

This Committee was suggested in a joint circular from the Ministry of Health, Ministry of Education and the Home Office in 1954, and is mainly concerned with preventing the break-up of families. The Committee had not functioned as it was thought that individual officers co-operated sufficiently well to deal with problems arising but the value of case discussion by all interested workers was missed so the Committee, composed of statutory and voluntary workers, held its first meeting in December under the chairmanship of the Medical Officer of Health.

VENEREAL DISEASE

I am obliged to Dr. J. F. Mackay for the following figures from his Clinic at Devonshire Road Hospital.

PATIENTS DEALT WITH FOR THE FIRST TIME

	SYPHILIS		GONORRHOEA		OTHER CONDITIONS	
	Male	Female	Male	Female	Male	Female
1958	7	6	17	2	49	13
1957	4	5	19	1	73	12

Treatment given at the centre during the year showing areas in which patients dealt with for the first time resided :—

	SYPHILIS		GONORRHOEA		OTHER CONDITIONS	
	1958	1957	1958	1957	1958	1957
Barrow-in-Furness	9	7	9	3	46	57
Lancashire	2	1	1	2	—	6
All others including seamen	2	1	9	15	16	22



County Borough of Barrow-in-Furness

Annual Report

of the

Principal School Medical Officer

I. D. M. NELSON,

M.B., B.Ch., B.A.O., D.P.H.

1958.

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10. Accidents to School Children.
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REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE

YEAR ENDED 31ST DECEMBER, 1958.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
COMMITTEE OF THE COUNTY BOROUGH OF
BARROW-IN-FURNESS.

Ladies and Gentlemen,

The general health of the school children remains satisfactory.

The amalgamation of Health Visitors and School Nurses is working well and the nurses now agree that composite work is more interesting.

Staffing the dental service has been difficult in Barrow as elsewhere. There was no response to advertisement for either whole-time or part-time dental officers and it was agreed to hold evening treatment sessions to deal with the volume of work. Dental anæsthetists were also employed in the dental clinic for the first time.

Last year I reported standardisation of first aid equipment in schools. This year a closer look is taken at accidents in school children. Accidents are the commonest cause of mortality in the 5-15 year age group and a high cause of morbidity. The tables and information which appear in the report are local evidence of this.

An audiometer was introduced into the School Health Service during the year, giving an accurate method of testing the hearing of the school child. The accurate determination of another vital sense in the child was not so promising, a hold-up occurred in the final assessment of the visual defects in children, mainly because all the consultant work in this area is carried out by one specialist. Despite appeals to the Regional Hospital Board and central departments, no help was forthcoming.

Every effort was made to make sure that nurses and school medical staff only referred cases to the consultant which were thoroughly examined with approved apparatus and modern technique. New eye testing equipment was installed at both clinics and the two doctors mainly concerned with school health work attended a useful refresher course at York. Nevertheless the waiting list for consultations continued to grow. This problem is also national, and a local solution was still being sought at the end of the year.

School medical officers are being encouraged to "modernise" the School Health Service. The question of whether it is productive to carry out routine school medical inspections in reasonably healthy children is much debated. It is probably useful to retain the initial inspection on or about entry to school and the final examination on leaving school, but routine inspections in the middle of school life are thought to be unproductive. Better to have a closer co operation between teacher, school medical officer and school nurse to find

the school child who has some mental or physical disability which is interfering with the child's education. This attitude is laudable but difficult to achieve, for it means a change in outlook of staff who have ingrained ideas about the older well-tried methods; slowly progress is being made and I hope to report developments next year, but it must be realised that the personalities of the three mentioned employees of the Education Department are the important factor in changing the present method. If they can get together in friendly discussion, I will, and am doing, all I can to help.

Finally, I should like to thank the Chairman and Members of the Children and Young Persons Welfare Sub Committee for agreeing with my ideas and schemes. I wish also to thank my own staff and the Officers of the Education Department for their help and support.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

I. D. M. NELSON,

Principal School Medical Officer.

Health Department,
Town Hall,
Barrow-in-Furness.

EDUCATION COMMITTEE

Chairman : ALDERMAN F. J. LONGSTAFFE, J.P.

Vice-Chairman : ALDERMAN T. A. TYSON, J.P.

ALDERMAN MRS. M. T. FREEL

ALDERMAN G. D. HASTWELL, O.B.E., J.P.

ALDERMAN J. MILLER

ALDERMAN MRS. P. WINN

COUNCILLOR G. E. CONNELL

COUNCILLOR MRS. S. M. FINLAY

COUNCILLOR J. GARNER

COUNCILLOR G. E. HARTSHORN

COUNCILLOR W. KENNEDY

COUNCILLOR A. POWER

COUNCILLOR J. M. SENOGLES

COUNCILLOR I. W. SWALLOW

COUNCILLOR C. W. WARD

COUNCILLOR E. WOODBURN

SCHOOL PROVISION

Average number of children on the school registers : 11,627.

		No. of Schools	Average No. of children attending
Primary Schools	County	20	5,332
	Voluntary	8	1,503
Secondary Schools	County	8	2,854
(including one	Voluntary	2	629
Technical School)			
Grammar Schools		2	1,056
Nursery School		1	105
Roa Island Special School for Delicate Children		1	99
Ramsden Special School for E.S.N. Pupils		1	99
Independent School (Our Lady's R.C. Preparatory)			
(where the facilities afforded by the School			
Health Service are extended.)		1	150

SCHOOL CLINICS

Minor Ailments Clinic	Arndene, Abbey Road	Monday, Wednesday and Friday afternoon
Special Inspection Clinic	Arndene, Abbey Road	Monday to Friday morning and afternoon as required
Ophthalmic Clinic	Arndene, Abbey Road	Tuesday and Wednesday afternoon. Alternate Thursday mornings
Speech Clinic	Central Clinic, Abbey Rd.	Monday to Friday, morning & afternoon
Dental Clinic	Central Clinic, Abbey Rd.	Monday to Friday morning and afternoon.
Orthopædic Clinic	Central Clinic, Abbey Rd.	Approximately every six weeks, Tuesday morning.
Ultra Violet Ray Clinic	Central Clinic, Abbey Rd.	Monday and Thursday afternoon.
Massage Clinic	Central Clinic, Abbey Rd.	Tuesday and Friday afternoon.
Remedial Exercises Clinic	North Lonsdale Hospital	Wednesday afternoon
Cerebral Palsy Clinic	North Lonsdale Hospital	Friday morning

MEDICAL INSPECTION OF SCHOOL CHILDREN

The programme of the routine medical inspection of school children continued as in previous years. Four inspections are carried out during the school life of each child : one on entry to school, one at approximately 8 years of age, one at approximately 11 years of age, and one in the last year of attendance at a secondary school.

In addition routine medical inspections were carried out each term at the Bram Longstaffe Nursery, Ramsden Special and Roa Island Special Schools.

Special examinations were carried out whenever defects found at routine examinations were felt to require review at an earlier date than the next routine inspection.

PERIODIC MEDICAL EXAMINATIONS

Number of children examined :

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected
1954 and later	576
1953	750
1952	49
1951	217
1950	636
1949	93
1948	517
1947	525
1946	56
1945	50
1944	661
1943 and earlier	389
Total	4519

OTHER EXAMINATIONS

Special examinations	....	....	....	450
Re inspections	....	....	....	616
Total	....	....	....	1066

Physical condition of children examined :

	No.	% of total
Satisfactory	4304	95.2
Unsatisfactory	215	4.8

RESULT OF INSPECTIONS

PERIODIC INSPECTIONS

The number of defects requiring treatment found at periodic examinations was 1,109, compared with 1,195 in 1957. The decrease in the number of defects is only .2% as the number of routine inspections fell from 4,816 in 1957 to 4,519 in 1958.

PERIODIC INSPECTIONS.

Defect or disease (1)	Entrants		Leavers		Total including all other age groups inspected	
	Requir- ing treatment (2)	Requir- ing obser- vation (3)	Requir- ing treatment (4)	Requir- ing obser- vation (5)	Requir- ing treatment (6)	Requir- ing obser- vation (7)
Skin	18	9	25	9	97	49
Eyes (a) Vision	89	209	232	90	564	543
(b) Squint	32	16	16	11	88	56
(c) Other	7	4	4	7	27	19
Ears (a) Hearing	2	11	3	5	13	36
(b) Otitis Media	3	17	4	3	16	32
(c) Other ....	....	....	1	....	3	....
Nose and Throat	14	142	7	7	46	254
Speech	3	11	3	....	28	40
Lymphatic Glands	2	46	2	1	18	75
Heart	6	15	7	11	34	53
Lungs	2	15	....	5	10	66
Developmental—						
(a) Hernia	2	2	....	....	3	2
(b) Other	1	59	2	8	11	119
Orthopaedic—						
(a) Posture ....	....	3	6	4	15	18
(b) Feet	26	22	2	2	44	31
(c) Other	29	23	7	8	62	71
Nervous System—						
(a) Epilepsy	1	3	2	....	5	7
(b) Other	3	3	....	2	6	17
Psychological—						
(a) Development	1	1	....	2	8	14
(b) Stability	3	8	....	2	8	23
Abdomen ....	....	....	....	4	1	6
Other	1	....	....	2	2	2
Totals	245	619	323	183	1109	1533

SPECIAL INSPECTIONS

The following table shows the number of defects found at special inspections :

(1)	Defect or disease		Special Inspections	
			Requiring treatment (3)	Requiring observation (4)
	Skin	....	3	2
	Eyes	(a) Vision	301	20
		(b) Squint	20	3
		(c) Other	10	1
	Ears	(a) Hearing	15	5
		(b) Otitis Media	1	1
		(c) Other	3	....
	Nose and Throat	....	12	2
	Speech....	....	5	2
	Lymphatic Glands	....	2	2
	Heart	....	....	....
	Lungs	....	1	4
	Developmental—			
		(a) Hernia	....	....
		(b) Other	5	3
	Orthopaedic—			
		(a) Posture	....	....
		(b) Feet	7	2
		(c) Other	6	2
	Nervous System—			
		(a) Epilepsy	....	....
		(b) Other	4	2
	Psychological—			
		(a) Development	3	1
		(b) Stability	....	1
	Abdomen	....	....	1
	Other	....	....	....
	Totals	....	398	54

SUMMARY OF PUPILS FOUND TO REQUIRE TREATMENT

Age Groups inspected (By Year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in previous table	Total individual Pupils
1954 and later	27	70	94
1953	62	77	121
1952	4	7	10
1951	18	30	42
1950	59	87	134
1949	12	26	31
1948	62	70	117
1947	75	66	138
1946	9	9	12
1945	4	7	9
1944	121	62	171
1943 and earlier	111	21	120
Totals	564	532	999

VISITS TO THE HOMES OF CHILDREN BY SCHOOL NURSES

The number of home visits paid by school nurses was 514 as compared with 517 in 1957. These figures do not give a true picture of the liaison with the home, the majority of the school nurses are also employed as health visitors and on their regular visits to young children in the family they are able to enquire about the school children. Such enquiries are not included in the above figures.

ARRANGEMENTS FOR TREATMENT

MINOR AILMENTS CLINIC

The number of sessions held for the treatment of minor ailments was reduced in August from five to three sessions per week. During the year 278 children made 2,338 attendances ; of these, 194 children made 2,198 attendances for the treatment of plantar warts.

It is noted that this curtailment of the times when this clinic is staffed is accepted without observations from parents or teachers. Is this evidence that treatments of the kind given at such clinics should cease altogether ? Time will bear this out.

The various out-patient clinics of the North Lonsdale Hospital were also available to school children and, during the year, 2,549 children made 8,189 attendances.

EAR, NOSE AND THROAT DEFECTS

By arrangement with the Manchester Regional Hospital Board, Mr. John Magill, M.B., Ch.B., D.L.O., has continued to conduct separate Specialist Ear, Nose and Throat clinics for children at the North Lonsdale Hospital. Children are referred through their own family doctors.

The clinics are held weekly and during the year 275 children made 1,222 attendances.

There is no significant waiting time at the local hospital for operations for these defects.

OPHTHALMIC CLINIC

Arrangements for the examination of children with defective vision and minor eye conditions were the same in substance as in previous years.

The Ophthalmic Surgeon reports :—

“ The routine work performed in the clinic comprised the examination, diagnosis and treatment of various ocular conditions in children referred by the school medical officers and, in a few instances, by their family doctors. Glasses were prescribed to correct refractive errors and simple eye exercises were carried out in some cases of squint before and after operation with good result.

Children who required medical treatment for minor affections of the eye received the appropriate therapy at the clinic. Where hospitalisation or surgery was indicated, the child was referred to the North Lonsdale Hospital and treated under my care.”

992 school children made 1,276 attendances at the clinic ; 962 children had their eyes tested and 777 prescriptions for glasses were issued.

REFRACTIVE ERRORS AND OTHER DEFECTS

Hypermetropia	137
Hypermetropia with amblyopia, right	2
Hypermetropia with amblyopia, left	3
Hypermetropia with corneal scar, right	1
Hypermetropia with ptosis, left	1
Hypermetropia with left optic atrophy with macular lesion	1
Hypermetropia, right, with myopic astigmatism, left	1
Hypermetropia, left, with myopia, right	2
Hypermetropic astigmatism	398
Hypermetropic astigmatism with amblyopia, right	3
Hypermetropic astigmatism with amblyopia, left	7
Hypermetropic astigmatism with nystagmus	1
Hypermetropic astigmatism with corneal scars, right.....	1
Hypermetropic astigmatism with post-operative coloboma of iris, right	1
Hypermetropic astigmatism with congenital ptosis, left	1
Hypermetropic astigmatism with traumatic cataract with retino- choroidal atrophy, left	1
Mixed astigmatism	58
Mixed astigmatism with corneal scar, right	1
Myopia.....	115
Myopia with situs inversus	1
Myopia with astigmatism	163
Myopia with amblyopia, left	1
Myopia with nystagmus	1
Myopia with congenital cataract	1
Aphakia, left	1
Amblyopia, right	3
Amblyopia, left	2
Amblyopia, left, with anopsia	1
Anisometropia	9
Anisometropia with bilateral corneal scars	1
Iridocyclitis.....	1
Traumatic degeneration of macula, left	1
Exudative chorio-retinitis	1
Intracranial neoplasm	1
Optic atrophy due to trauma, right	1
Congenital cataract	1
Emmetropia	24

SQUINTS

Right convergent concomitant squint	12
Right convergent concomitant squint with amblyopia	2
Right convergent concomitant squint with congenital macular coloboma	1
Left convergent concomitant squint	11
Left convergent concomitant squint with amblyopia	3
Left convergent concomitant squint with hypermetropic astigmatism	1
Alternating convergent	8
Alternating convergent with myopia	1
Alternating divergent	1
Right divergent	1
Paralysis of left external rectus	1
Ptosis with paresis of superior rectus	1

TREATMENTS

Occlusions, right	19
Occlusions, left	13
Conjunctivitis	5
Blepharitis	26
Orthopsis	6

ORTHOPÆDIC CLINIC

The Medical Superintendent of the Ethel Hedley Hospital, Windermere, attends the clinic at six-weekly intervals and sees children with orthopædic defects ascertained at routine medical inspection or referred through the family doctor.

Treatment between clinics is carried out by Miss Johnson, the Authority's Physiotherapist. Hospital treatment is provided at the North Lonsdale Hospital in the case of short-stay cases, whilst conditions requiring longer terms of hospitalisation are admitted to the Ethel Hedley Hospital.

The Orthopædic Clinic was held on 8 occasions and 165 school children made 277 attendances. The average attendance of school children and pre-school children at the clinic was 54.

About 85% of the children seen at the Orthopædic Clinic require some form of treatment and the number of treatments given during the year was 1,608.

In addition to physiotherapy treatment 101 surgical appliances were fitted.

REMEDIAL EXERCISES, MASSAGE AND ULTRA VIOLET THERAPY

A complete service for this has been maintained throughout the year by the Physiotherapist.

The following table shows the treatment given:—

	No. of Children	No. of Attendances
Ultra violet therapy	43	381
Massage	2	120
Remedial exercises	183	1254
Other treatment (plasters, etc.)	189	995

SPEECH THERAPY

Miss M. Hall, the Speech Therapist, reports as follows:—

"During the past year both pre-school children and children of school age have been receiving speech therapy.

In addition to routine treatments and periodic assessment of other cases 8 of the 10 Infant Schools in the area have been visited by the speech therapist and about 100 new cases have been listed for interview at a future date.

On the whole the co-operation from parents has been good and this makes for good progress of the patients."

Statistics relating to the work of the clinic are given below:—

Number attending for interview	707
Total number of individual children attending	76
Total attendances	1860

HOSPITAL TREATMENT

No change has taken place in the procedure for referring school children for specialist opinion, investigation or treatment through the child's own family doctor. Advice of hospital admissions and discharges together with copies of all reports by hospital specialists to family doctors are forwarded for the information of the school medical officers.

CLEANLINESS OF SCHOOL CHILDREN

During the year the school nurses made 25,294 routine cleanliness inspections and 1,186 re-inspections of school children. 1,019 children were found to be unclean.

Cleansing notices (Section 54(2), Education Act, 1944) were issued in respect of 31 individual pupils and cleansing orders (Section 54(3), Education Act, 1944) were issued in respect of 3 individual pupils.

TABLE SHOWING THE RESULT OF CLEANLINESS (HEAD)
INSPECTIONS IN SCHOOLS

SCHOOL	No. of Exam- inations	No. of re- exam- inations cleanlin- ess	No. of re- exam- inations other	No. un- clean	Percentage unclean	
					1958	1957
Alfred Barrow Boys'	1180	—	10	2	0.2	0.8
Alfred Barrow Girls'	970	19	159	61	6.3	3.6
Holker County Secondary	—	—	—	—	—	1.5
Risedale County Secondary	937	—	—	10	1.1	2.6
Victoria County Secondary	322	—	—	7	2.9	6.0
Walney County Secobdary	1082	—	—	2	0.1	1.4
West Shore County Secondary	242	—	2	1	0.4	—
Our Lady's R.C. Secondary	407	—	—	7	1.7	1.0
St. Aloysius' R.C. Secondary	545	—	—	5	0.9	5.1
Abbotsmead County Junior	1846	11	—	119	6.4	5.6
Abbotsmead County Infants'	897	81	2	46	5.1	9.0
Barrow Island County Junior	280	20	—	14	5.0	5.0
Barrow Island County Infants'	358	41	—	22	6.1	5.1
Greengate County Boys'	1104	—	—	23	2.1	1.5
Greengate County Girls'	855	106	—	90	11.5	13.1
Greengate County Infants'	546	65	—	36	6.6	4.2
North Walney County Primary	312	17	—	14	4.5	0.9
Ormsgill County Junior	1060	—	—	41	3.9	7.4
Ormsgill County Infants'	732	10	30	15	2.1	5.6
Ramsden County Infants'	693	6	6	14	2.2	3.1
Roose County Primary	553	—	—	3	0.6	—
South Newbarns County Junior	1524	35	7	27	1.8	1.1
South Newbarns County Infants	980	16	—	20	2.0	3.3
South Walney County Junior	837	—	20	3	0.3	0.2
South Walney County Infants'	298	29	8	1	0.2	—
St. James' County Infants'	395	8	12	14	3.6	3.2
Vickerstown County Primary	801	22	—	24	3.0	3.4
Victoria County Junior	668	7	—	6	0.9	1.9
Victoria County Infants'	432	14	2	12	2.8	2.8
Sacred Heart R.C. Primary	862	98	5	76	8.8	7.5
St. Columba's R.C. Primary	409	40	—	27	6.6	4.7
St. George's C. of E. Primary	256	60	—	98	34.3	31.1
St. James' C. of E. Junior	818	4	50	11	1.3	2.2
St. Mary's R.C. Junior	266	44	4	22	8.3	3.8
St. Mary's R.C. Infants'	294	20	6	30	10.2	1.7
St. Patrick's R.C. Primary	171	6	—	9	5.3	2.3
St. Paul's C. of E. Junior	245	—	—	—	—	—
Bram Longstaffe Nursery.....	165	—	—	3	1.7	4.9
Ramsden Special (E.S.N.)	183	—	2	30	16.4	20.4
Roa Island Special	362	82	—	67	18.5	11.2
Our Lady's R.C. Preparatory	407	—	—	7	1.7	2.0
	25294	861	325	1019	4.3	4.3

The percentage number of children found to be verminous was the same as last year and again showed how difficult it is to eradicate this persistent familial infestation.

It is thought that a concentrated effort by General Practitioners and Health Visitors would help to lower the figures, but realisation by all of the fact that it is essentially a family problem would help more than anything.

It is known that some of the parents of the persistently infested children tend to blame crowded classes in school for their children's infestation when the home conditions are generally fair. Here the Health Visitor can prove the parent wrong by demonstration of family infestation.

Others are persistently infested and one contemplates whether to use prosecution or persuasion. With the newer persistent preparations and close co-operation between General Practitioners and home visitors, I am sure that the latter is the better course.

INFECTIOUS DISEASES

Cases of infectious disease are notified to the Medical Officer of Health and those relating to school children are passed to the school nurses. Children are normally excluded from school for the period recommended by the Ministry of Education, but this may be varied quite frequently by discussion with general practitioners.

The following table gives particulars of cases of notifiable disease occurring in school children during 1958 :—

Diphtheria	....	....	....	....	2
Dysentery	....	....	....	....	6
Erysipelas	....	....	....	....	1
Food Poisoning	....	....	....	....	1
Measles	....	....	....	....	363
Poliomyelitis (non-paralytic)	....	....	....	....	1
Scarlet Fever	....	....	....	....	37
Tuberculosis (pulmonary)	....	....	....	....	4
Whooping Cough	....	....	....	....	4

IMMUNISATION

Courses of immunisation against diphtheria, whooping cough or combined diphtheria-pertussis were available without appointment during the ordinary sessions at the Welfare Centre.

During the year 34 courses of immunisation and 167 re-inforcing doses were administered at the clinic. In addition, one course of immunisation and one re-inforcing dose was administered by general practitioners.

Of the population aged between 5 and 14 years, 17.26% are estimated to have maximum immunity against diphtheria as a result of inoculation given subsequent to 1953. A further 52.61% have been immunised at some earlier date but in these cases immunity has not been re-inforced by the administration of a booster dose in the last five years.

POLIOMYELITIS VACCINATION

Vaccination continued throughout the year and the scheme was extended to include a third injection. 396 school children received the third injection and 3,812 school children received a course of two injections. At the end of the year, 610 school children had received one injection and were awaiting the second.

IMMUNISATION AGAINST TUBERCULOSIS

Arrangements were continued to offer B.C.G. vaccination against tuberculosis to children aged 13 years and under 14 years at the end of the current school year, whose parents or guardians gave written consent to this procedure and to the pre-vaccination and post-vaccination tests. Immunisation was carried out in schools to ensure minimum loss of school time and to obviate the need for children to travel to the clinic.

B.C.G. VACCINATION DURING 1958

Name of school	No. of children to whom facilities were offered	No. of children whose parents consented to the arrangements	No. whose susceptibility to tuberculosis was tested (tuberculin tests)	Results read three days after testing		No. vaccinated (i.e. those whose reaction to the tuberculin test was negative)	No. who were re-tested following an interval of weeks after vaccination	Results read three days after second test	
				Positive	Negative			Positive	Negative
JANUARY—JUNE, 1958									
Risedale County Sec.	132	112	98	13	82	82	80	79	1
Walney County Sec.	99	89	81	19	62	62	59	59	—
Roa Island Special	6	6	6	—	6	6	5	5	—
Alfred Barrow Boys	103	96	91	17	71	71	64	63	1
“Absentees ” Session	—	—	149	15	127	127	25	21	1
SEPT.—DEC., 1958									
Alfred Barrow Girls	91	74	72	6	63	63	No further re-tests undertaken		
Holker County Sec.	96	84	79	9	64	64			
Boys' Grammar	90	84	83	3	79	66			
Girls' Grammar	114	105	103	8	92	84			
Technical	57	54	54	14	34	34			
Victoria County Sec.	88	81	73	4	64	64			
Our Lady's R.C. Sec.	28	26	23	3	17	17			
St. Aloysius' R.C. Sec.	123	105	92	9	70	70			
Walney County Sec.	82	68	66	15	47	47			
Roa Island Special	6	5	3	2	1	1			
Alfred Barrow Boys	92	85	78	11	62	62			
Totals	1207	1074	1151	148	941	920	233	227	3

HANDICAPPED PUPILS

The following table gives details of pupils ascertained and placed and shows the number of cases at the end of the year awaiting placement.

	(1) Blind (2) Part- ially sighted		(3) Deaf (4) Part- ially Deaf		(5) Deli- cate (6) Physi- cally handi- capped		(7) Ed- ucation- ally Sub- normal (8) Mal- adjusted		(9) Epi- leptic	TOTAL 1-9
In the calendar year :—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped pupils newly placed in spec- ial schools or homes	1	—	—	—	17	1	22	1	1	43
B. Handicapped pupils newly ascertained as requiring education at special schools or in boarding homes.	—	—	—	—	17	2	19*	2	1	41

*—14 included at A.

Number of children reported during the year :—

(a)	under Section 57(3) (excluding any returned under (b) )	....	....	4
(b)	under Section 57(3) (relying on Section 57(4) )	....	....	—
(c)	under Section 57(5)	....	....	8

of the Education Act, 1944.

EPILEPSY

Thirty children suffering from epilepsy are attending ordinary schools, the control of epilepsy having reached the stage where none of these children is ascertained as handicapped and thus in need of special educational treatment.

CHILD GUIDANCE CENTRE

The tables below give an outline of the work of Mr. Valentine, the Educational Psychologist, and Mr. Milne, the Psychiatric Social Worker, at the Child Guidance Centre.

CHILDREN REFERRED

	New cases	Re-tested	Tested in schools	Totals
Boys	68	13	129	210
Girls	45	12	55	112
Total	113	25	184	322
Age groups		0—5	6—11	12—16
		5	99	9

RANGE OF INTELLIGENCE

I.Q. : Below 70	9
71—90	29
91—110	34
111—150+	40
Not tested	1

SOURCES OF REFERRAL

Schools....	71
School Medical Officer	22
Parents	7
Education Office	7
Children's Department	2
N.S.P.C.C.	1
Private Doctor	1
Pædiatrician	1
Probation Office	1

SCHOOL DISTRIBUTION

Infants	21
Junior	69
Secondary Modern	3
Roa Island	9
Pre-school	1
Not at School	10

REASONS FOR REFERRAL

	Boys	Girls	Total
(a) (1) Suspected educational subnormality	12	15	27
(2) Suspected educational retardation	30	7	37
(b) Disorders of bodily functions, e.g. enuresis,	5	4	9
(c) Behaviour disorders			
(1) Aggressive and anti-social behaviour	6	5	11
(2) Timid and inhibited behaviour	7	6	13
(d) Speech defects	1	—	1
(e) Miscellaneous, e.g., revision of I.Q.	10	10	20

METHODS OF TREATMENT

(i) DIAGNOSTIC	Boys	Girls	Total
(a) Recommended for transfer to day special school	6	5	11
(d) Recommended for special treatment (e.g. speech therapist, psychiatrist)	2	3	5
(c) Recommended for transfer to remedial groups	33	12	45
(ii) TREATMENT AT CENTRE			
Play therapy	6	6	12
(iii) ADVICE GIVEN ONLY (for various reasons, e.g., treatment unnecessary, parents unwilling for child to be treated, child left Barrow)	23	20	43

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

Mr. Watts reports as follows :—

" During 1958 we were able to inspect only 29 schools out of 43 and complete routine treatment for 24. On account of acute shortage of staff we had less inspections and consequently less completions. The result was that the percentage of calls for " emergency treatment " shot up again this year. The total number of children inspected at schools was 7,491 compared to 10,071 in 1957.

STAFF DIFFICULTY

This has been a year of stress and strain as no matter how we tried we were unable to enrol a third full-time or even a part-time Dental Officer. So, as a last resort and to clear up the arrears of work consistent with keeping up the efficiency and high standards, we have to introduce two voluntary evening sessions a week from 14th October. We had to follow suit with dozens of other Local Authorities who were practising this already.

It is a great pity that a very marked disparity in emoluments exists between the private practitioner and the Local Authority Dental Officer, and this is the main reason why we cannot attract applicants for school service. There is a continuous migration from school service to private practice as the Public Dental Officer is always dis-satisfied with his lot. The young dental graduate is attracted towards private practice coupled with part-time sessional school service, as this way he can make nearly double of what he would in a full-time post with a Local Authority. The hospital staff and the private practitioners have had an increase of 10% in 1957 and another of 4% from 1.1.59 while the Public Dental Officers' demands have been ruthlessly crushed by the Local Authorities Association in their memorandum submitted to the Royal Commission this year in the most disparaging terms. It was stated quite clearly in the document that at no time did Local Authorities intend to adjust the salaries of its Dental Officers so that they may bear any reasonable relation to the remuneration earned by other Dental Practitioners. This memorandum also states in Part II, Article 89, that " Dental Officers employed in the Local Government Service should continue to be regarded as Local Authority Officers first, and Dentists second." All this goes to crush the ambitions of the present and future Dental Officers. It is high time that Local Authorities realised that already there is a nation-wide acute shortage of qualified Dental Surgeons in the country and as such unless they receive better treatment from their employers, the chances are that we are going to lose more staff from the School service.

We were already short of six private practitioners in this town and recently we have had a sad and tragic death among the very active local practitioners, and this also has greatly increased the demand on our service.

The Chief Medical Officer of the Ministry of Education, in a recent comprehensive report, says that when a low rate of remuneration is coupled with an almost dead-end occupation, is it to be expected that men of vision and energy who are seeking a satisfactory career will be attracted? High speed equipment, ancillaries and fluoridation may play a part in the future of the School service, but they are secondary matters and cannot be of much value except in a service staffed by men and women of imagination devoted to their work. Until the Authorities understand this, the School service will remain in the doldrums, with 'priority' still a catchword lending an air of importance to the lamentations of Local Authority officials. Another suggestion is made in the report of the Chief Medical Officer, the importance of which, he says, cannot be over-estimated. 'It is to be hoped that Principal School Dental Officers will increasingly have access to and be consulted by the appropriate committee(s) on dental matters.

EDUCATING THE PUBLIC

The effect of the Dental Health Propaganda on the children in this town has been very marked, but the public has to be trained too. The Shepherd Committee is at present attacking the problem of education of the public in oral hygiene and upon its success much will depend. Education is the basis of understanding and it may well be that when the public in general realise why children have been designated a 'priority class,' they will insist on their being so in fact.

DIET, HABITS AND CARIES

Dental caries is still wildly rampant and statistics show that it has increased considerably since 1953. Increased consumption of sweets, the modern over-cooked and soft slushy foods are probably a major factor in the post-war rise in caries.

DECAY FACTOR IN CERTAIN FOODS

Cheese	—
Beer	2
Milk	6
Ice Cream	9
Plain chocolate	13
Sweet biscuits	18
Milk chocolate	21
Sweets	22
Honey-bread-butter	24
Caramels	27
Toffees	30

The following statistics show that the percentage of children needing treatment are the highest in Infants' Schools (72%) and the lowest in Girls' Secondary Schools (46.5%).

SCHOOL	INSPECTED	NO. NEEDING TREATMENT	PERCENTAGE NEEDING TREATMENT
2 Girls' Secondary	776	369	46.5%
3 Boys' Secondary	1162	659	57.3%
3 Mixed Secondary	1044	649	59.2%
5 Junior	1754	1128	61.8%
5 Infants	1089	803	72%

Alike in Infant, Junior and Secondary Schools, there is an interesting feature to note. A particular area of the town has a higher percentage than the other areas ; this must be due to personal hygiene, habits and circumstances of the parents in which children are brought up. This is also influenced by the fact that some parents in certain areas are more careful and take their children to the Dental Surgeon more regularly than others.

e.g. in one Infant School	80% need attention
while in another Infant School only	62.6% need attention
in one Junior School	75.7% need attention
while in another Junior School only	47.9% need attention
in one Secondary School	69.5% need attention
while in another Secondary School only	46.1% need attention

This goes to prove that caries is a social disease and its incidence can be diminished to a considerable extent by following certain set social habits.

We have also calculated the percentage of carious teeth in the following schools this year :

SCHOOL	TEETH INSPECTED	TEETH DECAYED	PERCENTAGE DECAYED
Girls' Grammar	13211	488	3.6%
Victoria Secondary Girls'	8120	425	5.2%
Risedale Secondary (Mixed)	11372	811	7.1%
St. James' Junior....	5306	687	12.9%

These statistics show quite clearly that girls look after their teeth better than boys. It is high time that the boys bucked up, too.

FLUORIDATION OF WATER SUPPLY

The report of the U.K. Mission to the U.S.A. and Canada to study fluoridation was published in 1953. The Mission was satisfied that fluoridation of water reduces dental caries in children and that up to one part per million there is no rise of 'mottling of teeth.' They found no scientific evidence of danger to health and they recommended that fluoridation of water in this country should be considered. It is therefore hoped that all Authorities will incorporate this plan in their programme in the near future.

PARENTS

The acceptance rate is fairly good and as I have stressed before, the parents who sign against the school service should make it a point to take their children to their private practitioners soon after receiving the report of the Dental Inspections. Every year we notice that it is these children who suffer most as their parents pay no heed to our inspection report and when one day the face swells up and they cannot get an appointment in a hurry elsewhere, the child is brought to us as a last resort—maybe after a gap of three or four years. This state of affairs and the apathy of parents is lamentable.

ANÆSTHESIA ARRANGEMENTS

This year we were very lucky to introduce the specialist anæsthetist staff for general anæsthesia in the clinic twice weekly from May. This system not only ensures safety for the children, but conserves more hours for routine dental treatment. I am pleased to report that this system is working very satisfactorily.

HIGH SPEED EQUIPMENT

Several manufacturers in this country have brought into the market Air Turbine Handpieces which are run with compressed air and there is a fine water spray to cool the cavity in the teeth. These air turbines run at an average speed of 250,000 revolutions per minute. This is a marvellous discovery for painless cavity preparations. It not only allays the fear of the child for fillings, but it turns it into a completely painless process and cuts the cavity so fast that the child never hesitates to come back again for more fillings. Besides, this equipment is a great time saver. A local dental practitioner has already installed this equipment in his surgery and if we have to give the same comfort, we may have to introduce this equipment in the clinic very soon. It is an expensive item, so I am studying it carefully at the moment.

This year 215 children received orthodontic treatment and 98 pupils were supplied with artificial teeth. It is very gratifying to note that the parents are steadily becoming more and more alert to the irregularities in the teeth of children. The consultant orthodontic service, so kindly provided to us by the Regional Hospital Board, comes in very handy in cases of complicated nature requiring specialist attention.

We are very grateful to the staff of the X-ray Department of North Lonsdale Hospital for their prompt attention in cases of emergencies and this year 57 cases were referred to them for X-ray. We also extend our hearty thanks to the Orthodontic Consultant, the Oral Surgery Consultant and the Head Teachers of all the schools who have always given us their willing and unstinted support in all matters."

DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers	
(a)	Periodic inspections	7491
(b)	Specials	2052
(c)	Total (1)	9543
(2)	Number found to require treatment	6686
(3)	Number offered treatment	4497
(4)	Number actually treated	4196
(5)	Attendances made by pupils for treatment	11950
(6)	Half days devoted to: Inspection	45
	Treatment	831½
	Total (6)	876½
(7)	Fillings	
	Permanent teeth	3367
	Temporary teeth	406
	Total (7)	3773
(8)	Number of teeth filled	
	Permanent teeth	3263
	Temporary teeth	402
	Total (8)	3665
(9)	Extractions	
	Permanent teeth	1654
	Temporary teeth	3864
	Total (9)	5518
(10)	Administration of general anaesthetics for extraction	1333

(11) Orthodontics :

(a) Cases commenced during the year	96
(b) Cases carried forward from previous year	119
(c) Cases completed during the year	37
(d) Cases discontinued during the year	8
(e) Pupils treated with appliances	215
(f) Removable appliances fitted	215
(g) Fixed appliances fitted	....
(h) Total attendances	2085

(12) Number of pupils supplied with artificial dentures 98

(13) Other operations : Permanent teeth 3284
 Temporary teeth 1506

Total (13) 4790

ACCIDENTS TO SCHOOL CHILDREN

I should like to acknowledge the co-operation of the Barrow and Furness Hospital Management Committee for extraction of some of the figures in these tables.

TABLE 1

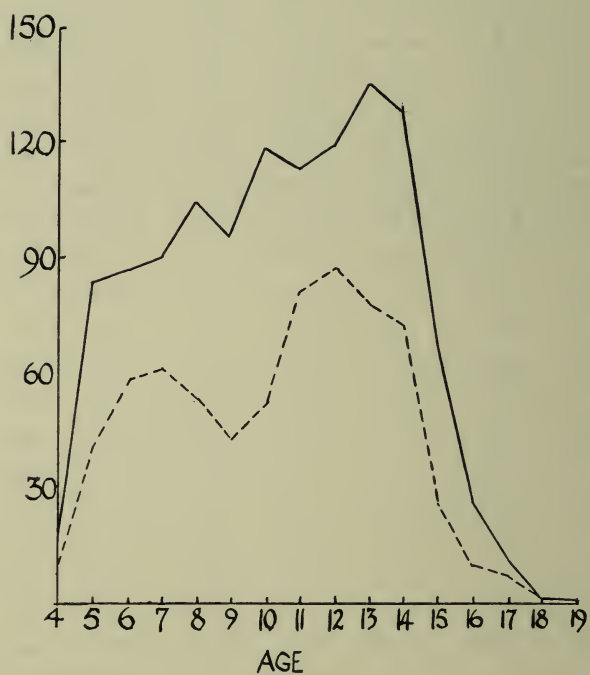
ACCIDENTS CLASSIFIED ACCORDING TO AGE, SEX AND MONTH OF OCCURRENCE.

[illegible]

NUMBER OF ACCIDENTS IN RELATIONSHIP TO AGE

—— Boys

- - - - Girls



NUMBER OF ACCIDENTS IN RELATIONSHIP TO MONTH OF YEAR

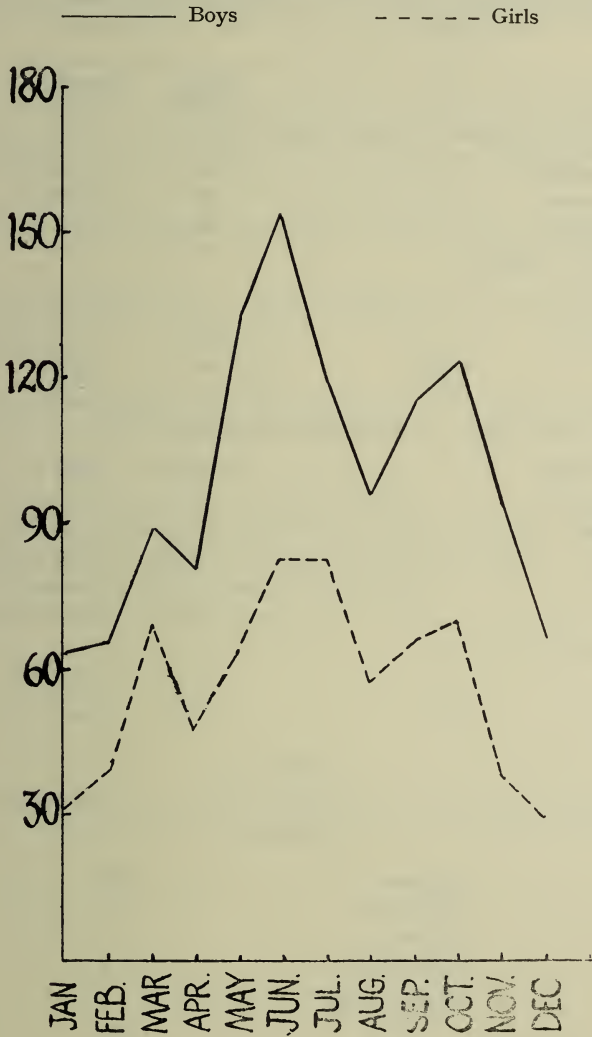


TABLE II

ACCIDENTS REPORTED BY HEAD TEACHERS CLASSIFIED
ACCORDING TO PLACE OF OCCURRENCE

	Sent to Hospital	Treated at School	Total
Occurring when child was under supervision :—			
Playing Field	28	13	41
Gymnasium....	34	15	49
Classroom	18	17	35
Practical Classroom	13	8	21
Baths	1	—	1
Dining room	—	1	1
Total	94	54	148

Occurring when child was not under supervision :—

Playground	74	63	137
Cloakroom	4	2	6
Corridors	6	9	15
Toilet	2	2	4
Steps	4	—	4
Hall	2	—	2
Outside school	2	1	3
Total	94	77	171

TABLE III

CHILDREN TREATED FOR ANIMAL BITES AT NORTH LONSDALE
HOSPITAL

Dog bites	100
Horse bites	4
Cat bites	3
Rabbit bites	2
Hamster bites	1
Total	110

Comment on these figures could be lengthy. Those who are interested will find a good deal to think about. What has now been accepted as a pattern of accidents in children can be clearly seen from the figures.

MISCELLANEOUS

I am indebted to the Chief Education Officer for the following commentary.

PHYSICAL TRAINING, SWIMMING AND ORGANISED GAMES

Most schools now have the equivalent of a daily period of physical activity, the content of which varies with the age, aptitude and ability of the children concerned. The syllabus is centred round the physical education lesson which aims to develop the skills of running, jumping, climbing and throwing. In addition, there are weekly games and swimming periods in all the secondary schools and in some of the primary schools.

During the year, climbing apparatus of various types, both for indoor and outdoor use, was approved for nine primary schools and two secondary schools.

In the two school terms of 1958, swimming certificates were obtained by pupils of primary and secondary schools as follows :—

Beginners	Proficiency	Distance	Speed
236	15	363	3

No testing was undertaken during the Autumn Term owing to the closure of the Public Swimming Bath in October, 1958.

PROVISION OF MILK AND MEALS.

(a)	Average number of children receiving milk daily	....	....	....	9,648
(b)	Number of $\frac{1}{8}$ pint bottles of milk delivered and consumed	....	....	....	1,845,161
(c)	Average number of children receiving meals per school day	....	....	....	2,585
(d)	Total number of meals supplied during the year	....	....	....	484,421
(e)	Number of centres supplying meals	....	....	....	31

